

## Lawrence University Card Access Authorization Form

Issue to \_\_\_\_\_ ID # \_\_\_\_\_  
 Name ( *print* or attach list)

Requested by \_\_\_\_\_ Signature \_\_\_\_\_  
 Faculty Advisor/Department or Department Head ( *please print* )

Building	Description of room/hall	Access date	Type	Termination date

(List additional requests on separate form)

Authorized by \_\_\_\_\_ Date \_\_\_\_\_  
 ( *signature* )

Office Use \_\_\_\_\_ Date received \_\_\_\_\_

Type of Access    A = Work Hours            7:30 am – 5:30 pm  
                           B = Non-Work Hours        5:30 pm – 1:00 am  
                           C = Limited Times            \_\_\_\_\_  
                           D = \_\_\_\_\_                \_\_\_\_\_

**Send this form to Lisa Reffke in Physical Plant.**