

For Official Use Only:

Rec'd Date: _____ Policy E-mail: _____
Key Req #/Date: _____ List Serv Added: _____ Last 6 of Proximity Card: _____
Notified Date: _____ Pick Up Date: _____ Deactivated Date: _____



SoLS Access Request Form

Instructions:

<p>-This form must be TYPED. Hand written changes will void the request. -<u>ALL</u> fields and authorized signatures must be filled in.</p>	<p>After form is filled out, e-mail to your supervisor for an approval signature. Signed forms can be e-mailed to biology.student@unlv.edu or delivered to WHI 101 -Allow up to two weeks for keys to be processed and ready for pick-up at WHI 101. -All access requests are subject to approval by School of Life Sciences Administration</p>
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Date Form Filled Out: _____

1. KEY/CARD HOLDER INFORMATION:

Name: _____ Email: _____ Phone #: _____

Is this an access RENEWAL? Yes No

Requestor's Name (if different than above): _____

2. EMPLOYEE TYPE: (select only one)

**Note: an expiration date MUST be provided for temp-employee, graduate assistant, or undergraduate student researcher

Faculty Staff
 Postdoc Scholar

Temporary Employee Graduate Assistant Undergraduate Researcher

 Temp-employee, grad asst, or undergrad researcher End Date: _____

3. KEY/CARD ACCESS INFORMATION: What form of access? Proximity Card Hard Key

PROXIMITY CARD INFORMATION: Existing Proximity Card? Yes No

If yes, existing Proximity Card Number (Last 6 Digits): _____

PROXIMITY CARD ACCESS REQUEST: Areas requesting access? (Check all that apply – If this is a renewal, only list NEW access points needed)

WHI Entrance Access

Building and Room Numbers: _____

HARD KEY INFORMATION:

Building and Room Numbers: _____

4. SIGNATURES:

Signature of Key Holder

Supervisor's Name

Supervisor's Signature