ECE ACCESS REQUEST FORM

Section 1: Access Requestor Information: Please Type/ Print Clearly. Incomplete/Illegible Forms will be returned.

REQUESTOR'S LAST NAME (Required)   REQUESTOR'S FIRST NAME(Required)   M.I.

6017090

REQUESTOR'S CATCARD NUMBER (Required)   CELL/PHONE NUMBER (Required)

UNIVERSITY OF ARIZONA E-MAIL ADDRESS (Required)   UA NetID (Required)

Requestor Status: (Check One) (Required)

☐ Faculty   ☐ Staff   ☐ Visitor   ☐ Post-Doc   ☐ Graduate Student

☐ Undergraduate Student   ☐ Other _____

Applicant Signature (Required): _____   **DATE**

"My signature on this document confirms that I have received copies of the Access Policies of the ECE Department and the University of Arizona and agree to abide by them."

**Section 2: THIS SECTION IS FOR THE FACULTY / STAFF MEMBER AUTHORIZING ACCESS
(Shaded Areas for the Department Access Coordinators.)**

Faculty/Staff, If you wish the Applicant to have access to the building after hours, please write "Entrance" in the "Requested Access" Space. Building Access is **_NOT_** Automatic.

Requested Access	Hook #	T-2 User #	T-3 User #	In Initial	In Date	Out Initial	Out Date

EXPIRATION DATE (4 Years Maximum.) (Required)   ⬅ **Check if "RENEWAL".**

ECE Sponsor: _____   _____
PRINTED NAME (Required)   SIGNATURE (Required)

21-Apr-2021