

ELECTRONIC ACCESS REQUEST FORM GEORGE MASON UNIVERSITY POLICE DEPARTMENT

To initiate this request each individual must complete this form and have it signed by their Authorizing Agent

DATE: _____ TYPE or PRINT LEGIBLY

Name: LAST		FIRST	
Department		Phone #	
Card Start Date		CARD DEACTIVATION DATE	
G#		OFFICE USE ONLY - Card Number	

CARD TYPE - CHECK ONE

EMPLOYEE <input type="checkbox"/>	ADJUNCT <input type="checkbox"/>	STUDENT <input type="checkbox"/>	GRA/GTA <input type="checkbox"/>	AFFILLIATE / VISITOR / CONTRACT <input type="checkbox"/>
ADD/UPDATE ACCESS REMOVE EXISTING ACCESS		<input type="checkbox"/>		

BULK LIST NAME HERE: _____

CARDS REQUIRE DEACTIVATION PERIODS

AFFILLIATE / VISITOR / CONTRACT - UP TO 1 YEAR
STUDENTS / GRA/GTA - UP TO 2 YEARS

STU / WAGE / ADJ UP TO 2 YEARS
STAFF / FAC / EMP - UP TO 5 YEARS

CAMPUS 

ACCESS - List building access as EXTERIOR. Rooms, elevators, other, from LOWEST # to HIGHEST #! List all that apply.

BUILDINGS	WRITE IN ALL READER DOORS THAT APPLY - CALL CASO FOR <u>GLOBAL</u> APPLICATIONS

AUTHORIZING AGENT (Signature) : _____

AUTHORIZING AGENT (Print) : _____ Phone: _____
LEGIBLY

EXTERIOR AUTHORIZING AGENT (Signature) : _____

EXTERIOR, BUILDING ACCESS

EXTERIOR AUTHORIZING AGENT (Print) : _____ Phone: _____
LEGIBLY

Please send the signed request as a pdf attachment to: caso@gmu.edu OR fax to 3-3868

If you have any questions or concerns, please e-mail: caso@gmu.edu. or call 3-3127

Processing Official : _____ Date : _____