

ELECTRONIC ACCESS REQUEST FORM GEORGE MASON UNIVERSITY POLICE DEPARTMENT FAIRFAX CAMPUS

DATE: _____ TYPE or PRINT LEGIBLY

Name: LAST		FIRST	
Department		Phone #	
Card Start Date		Card End Date	
G#		Issue Code - OFFICE USE ONLY	

CARD TYPE - CHECK ONE

EMPLOYEE <input type="checkbox"/>	ADJUNCT <input type="checkbox"/>	STUDENT <input type="checkbox"/>	GRA/GTA <input type="checkbox"/>	VISITOR <input type="checkbox"/>
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BUILDINGS: (please X, write in or check all that apply)

ARTS and DESIGN	AQUIA	COMMERCE	DAVID KING	ENGINEERING
ENTERPRISE	EXPLORATORY	FACILITIES / PHYSICAL PLANT	FIELD HOUSE	FINLEY
HUB	INNOVATION	JOHNSON	KRASNOW	MASON
MERTEN	MUSIC / THEATER	PERFORMING ARTS - deLASKI	PLANETARY	RAC
RESEARCH	ROBINSON	SCHOOL of ART	SKYLINE FITNESS	SOUTHSIDE
SUB1	THOMPSON			

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

ADD/UPDATE ACCESS

REMOVE EXISTING ACCESS

BULK LIST NAME:

AUTHORIZING AGENT (Signature) : _____

AUTHORIZING AGENT (Print) : _____ Phone: _____
LEGIBLY

EXTERIOR AUTHORIZING AGENT (Signature) : _____

EXTERIOR, BUILDING ACCESS

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

To initiate this request each individual must complete this form, have it signed by their Department Head or Authorizing Agent and have a current GMU identification card.

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 : _____