

USER INFORMATION

NAME: _____ DU ID#: _____ PHONE: _____

EMAIL ADDRESS: _____

BANNER USERNAME: _____

DEPARTMENT: _____

JOB TITLE: _____

Please indicate the location you need to administer:

1. Do you need to grant entry access to a building?

Building: _____

Building: _____

Building: _____

2. Do you need to grant entry access to a specific room?

Room Name: _____

Building: _____

Room Name: _____

Building: _____

3. Do you need to run location reports?

Location: _____

Location: _____

Additional information:

Form Prepared By: _____ Preparer's Phone: _____ Fax: _____

APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager

Date

2. Division Head/Budget Officer

Date

3. ID Office (fax: 14662)

Date

4. AIS (fax: 17998)

Date

After obtaining all required signatures, please submit this form to the Pioneer ID Card Office for processing. The ID Office will then submit the form to Administrative Information Services (AIS).