ECE ACCESS REQUEST FORM

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

__________________________________________  ____________________________________________  ____________
REQUESOR'S LAST NAME (Required)            REQUESOR'S FIRST NAME(Required)            M.I.
6017090

______________________________  ______________________________
REQUESOR'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

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<th>Requested Access</th>
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EXPIRATION DATE (4 Years Maximum.) (Required)  ☐ Check if "RENEWAL".

ECE Sponsor: __________________________________________  ______________________________
PRINTED NAME (Required)  SIGNATURE (Required)

21-Apr-2021