

Student Life Access Request Form

Please print/type all information clearly

Dept./Organization _____

Point of Contact: _____ E-Mail: _____

Request For:

New Access: **Renewal Access:** **Change Access:** **Remove Access:**

Request For:

Name	NSHE#	Title/Template	Staff/ Student?	BB Pin:
1.				
2.				
3.				
4.				
5.				

Access To:

Building(s)	BlackBoard Door Location(s)	Onity Room #	Cash Register Access	Alarm Partition
1.				
2.				
3.				
4.				
5.				

NOTE All student access will be removed at the end of each academic semester

Signature Box

	Name (typed)	Extension #	Signature	Date
Supervisor:	_____			
Dept. Director:	_____			
Other (if needed):	_____			
Facilities Dir.:	_____			

SLT Use Only

Date Received:	Received by:	
Request #	Completed Date:	Initials
Onity	_____	
Alarm	_____	
BlackBoard	_____	