

# Building Access Request Form

## MSU Police Security Systems

Request Type:    \*New       \*Add / Change       \*Delete  

Account #:  (required only for replacement cards)

Last Name                      First Name                      Middle Name                      (Z or A) PID  
                                                                 

Department :                       Email:

Access

Building 1:                       Building 1 Exterior    Y     N

Building 2:                       Building 2 Exterior    Y     N

Building 1 Interior Room Number(s)                       Arm/Disarm: Y

Building 2 Interior Room Number(s)                       Arm/Disarm: Y

**Days**

All     Mon – Friday       Other (define)

**Hours**

All     Other (define)

Access Expiration Date (if none so indicate)

Dept 1. Authorized By

Dept 2. Authorized By                       Signature:

Telephone:                       Date:

*Take Completed form to Room 50, Administration Building*

- \*New    First time access privileges for this area
- \*Change    Person has existing access privileges
- \*Delete    Ends all access privileges related to this area

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### REGISTRAR OFFICE USE ONLY

Card Issued By: \_\_\_\_\_                      Date: \_\_\_\_\_

Card # \_\_\_\_\_

**Distribution List:**

FAX To:    MSU Police  
                  Att: Access Control Office  
                  432-1404

(revised 9-27-07)