

## ROGER WILLIAMS UNIVERSITY ELECTRONIC ACCESS AUTHORIZATION FORM AND ACCEPTANCE FORM

Please allow up to 24 working hours from the time the order was placed for card access to begin working. ID cards may be picked up and dropped off at the Department of Public Safety

**For your convenience, you may submit the completed typed form by:**

- 1.) Scan and email to [accesscontrol@rwu.edu](mailto:accesscontrol@rwu.edu)
- 2.) Send to the Department of Public Safety via interoffice mail

### PART I: CARDHOLDER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
ID# \_\_\_\_\_ Position: \_\_\_\_\_  
Phone# \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Department: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### PART II: SPACE TO BE ACCESSED

Building Name: \_\_\_\_\_ Room(s): \_\_\_\_\_  
Exterior Building Access: YES NO  
Date for Access To Begin \_\_\_\_\_ Access to Expire \_\_\_\_\_  
Times Needed For Access \_\_\_\_\_ to  24/7

### PART III: APPROVALS

Dean/Department Head Printed Name \_\_\_\_\_

**Dean/Department Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Public Safety Approval Printed Name \_\_\_\_\_

**Public Safety Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### PART IV: ACKNOWLEDGMENT AND RECEIPT OF ELECTRONIC ACCESS

I understand and accept the following information as a condition of my employment with Roger Williams University: The electronic access described on this form is for official use only and I am to safeguard it against misuse. I will promptly notify the Department of Public Safety upon my separation from the University. Failure to adhere to any provision of the Roger Williams University Building Electronic Access and Key Control Policy may result in disciplinary action to include termination from Roger Williams University.

**For multiple individuals requiring electronic access, provide names on a second page. Only one request form needed**

**Card Holder's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_