Roger Williams University

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
2.) Send to the Department of Public Safety via interoffice mail

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PART I: CARD HOLDER **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 _____