

**Card Access Request Form**

(ALL INFORMATION MUST BE TYPED FOR CLAIRITY)

**Requested by:**

**Phone:**

**Department:**

**Date:**

**Building:**

**Email:**

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***PLEASE PROVIDE CARD ACCESS TO THE FOLLOWING:***

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***AUTHORIZATION***

**Authorized by:**

(Dean, Director, or Department Head)

**Signature (required):** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Dean, Director, or Department Head)

**FAX TO ACCESS CONTROL CENTER @ 334-844-9434**

ACCESS CONTROL CENTER – FACILITIES DIVISION 5

1161 WEST SAMFORD AVE.

PHONE: (334).844.9446

EMAIL: 4access@auburn.edu

**OFFICE HOURS ARE: 7:30 AM – 11:45AM AND 12:15PM – 4:00 PM MONDAY- FRIDAY**

**\* THIS FORM MUST BE FILLED OUT COMPLETELY\*  
FAILURE TO DO SO WILL DELAY PROCESSING**