

School of Engineering Swipe Card Access Request Form

Date: _____

Name: _____

Net ID: _____

Phone: _____

Email: _____

Employee Type: _____

REQUIRED APPROVALS

Advisor:

Signature:

Chair/Director: Dr.Lisa Klein

Required Access Rooms: Maximum amount of time to request access is 2 years at a time.

Room/ Building	End Date

By obtaining access to the rooms listed above, I understand that I have been granted special privileges and have certain responsibilities. I will not prop any card access doors open at any time. I will not let others in the card access rooms. I will report any suspicious activity to the appropriate authorities. I understand swipe card access is logged and monitored not only by the School of Engineering, but also by the Rutgers Police Department. I understand that abuse of my privileges will result in having my access privileges revoked.

Requester Signature: _____

Please fill out and email completed form to Nahed Assal: nahed.assal@rutgers.edu.