

JACKSONVILLE UNIVERSITY
CAMPUS SECURITY OFFICE
REQUEST FOR ACCESS AUTHORIZATION
For Unmonitored usage

Please provide the following information:

Name of Faculty/Administrator making request: _____

Date of Request: _____

Building being utilized: _____ Room(s) _____

Term, or Specific Dates: _____

Time Frame. NOTE: All rooms are closed at 11pm, no access before 8am: _____

Authorizer Signature: _____ Contact Number: _____

Note: Entry Authorization Forms cannot be phoned or faxed into Campus Security.

Special Instructions: _____

Approved List of Students	Student ID Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____