

Building Access Request

For Extraordinary Access to College Property/Building for Academic Endeavors

Date: _____ **Expected Time In:** _____ **Time Out:** _____

Building/Room: _____ / _____

Student Name: _____

Program/Faculty Sponsor Name/Initials: _____ / _____ / _____
Faculty Initials

Academic Endeavor: _____
(Be specific: Capstone, Research Project, etc.)

I agree that:

- This is a privilege that may be revoked at any time at the sole discretion of the College;
- I understand that access will not be granted before 7 am or after 10 pm, regardless of my personal needs;
- I have a legitimate academic need for this extraordinary access and that the College will verify this with the faculty member identified above;
- I will respect the property and equipment of the College while working in this building, and comply with all College safety and security regulations;
- I will not allow access to the building to any one;
- I will not interfere with the legitimate activities of employees as they perform their jobs in the building;
- I will report any information about needed equipment repairs and/or supply replacement to my instructor;
- I will notify the Office of Campus Safety of any unusual circumstances occurring in the Building;
- I accept responsibility for locking the doors of the building behind me when I enter, and for securing doors and windows, and turning off lights and equipment as directed when I leave;
- I will report to the Office of Campus Safety when I leave the building.

_____ **Initialed by CSO IN:** _____ **OUT:** _____
Authorizing Signature **Campus Safety Officer**