

Building/Office Access Request
Computer Science Department
North Carolina State University

Name: _____
(Please Print)

Phone #: _____ E-mail: _____ ID#: _____

Faculty/Staff Visiting Faculty

Temporary Employee

Student Graduate Undergraduate

Room number needing access to:

Room Name needing access to:

Expiration Date of Appointment: _____
(Date)

Approved by: _____ / _____
(Printed Name) (Signature)

Date Issued: _____ Date Returned: _____

Key #: _____ FOB #: _____

By signing below I acknowledge that I have received the keys and/or FOB listed above. I understand that I am solely responsible for these items and if I do not return them my final grades will be held. It is my responsibility to check in each semester before the last day of class if I will continue to need the keys and/or FOB for the next semester. Failure to check in will result in deactivation of FOB and grades will be held until they are returned. In the event that the FOB is lost or damaged I understand the replacement cost will be **\$10.00 AND I WILL BE REQUIRED TO PAY THIS FEE.**

Signature Date