

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 Access removed or
Key Returned: _____

Key #: _____ Wolfpack One
Card #: _____

By signing below I acknowledge that I have received the key(s) and/or access on the Wolfpack One Card listed above. I understand that I am solely responsible for these items and if I do not return the key(s) (if applicable), 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 key(s) and/or access on the Wolfpack One Card for the next semester. Failure to check in will result in deactivation of the Wolfpack One Card access. In the event the Wolfpack One Card is lost or damaged, I understand the replacement cost will be **\$20.00 AND I WILL BE REQUIRED TO PAY THIS FEE AT THE WOLFPACK ONE CARD OFFICE** located in the West Dunn Building.

Signature

Date