



# Information & Technology Services Technology & Teaching Center Door Access Request

## EMPLOYEE PROFILE

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 MSU Tech ID: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT INFORMATION

F/T Staff      Job Title: \_\_\_\_\_      Start Date: \_\_\_\_\_  
 P/T Staff      Phone: \_\_\_\_\_      End Date: \_\_\_\_\_  
 Student       Other: \_\_\_\_\_

## REQUEST ACCESS TO DOORS

Description	Doors	Hours for Access
<input type="checkbox"/> Technology & Teaching Center	[ML0094] Hall Door	<input type="checkbox"/> Monday – Friday 8:00am – 4:30pm
	[ML0094] Main Door	<input type="checkbox"/> Monday – Friday 4:30 pm – 11:00 pm
	[ML0094C] Production Studio Door	<input type="checkbox"/> Weekends 8:00 am – 5:00 pm

**Other changes:** \_\_\_\_\_

*IMPORTANT: You must have a newer Mavcard (later than Spring 2004) or the Card will not work with card access areas. Turn in your old Mavcard at the Mavcard office to get a new Mavcard free.*

**MAVCARD RESPONSIBILITY STATEMENT:**  
 I TAKE FULL RESPONSIBILITY FOR THE SECURITY OF THE PROXIMITY IDENTIFICATION CARD ISSUED TO ME AND THE AREAS I HAVE ACCESS TO. IN THE EVENT I CHANGE DEPARTMENTS OR LEAVE THE UNIVERSITY, I WILL IMMEDIATELY CONTACT MY SUPERVISOR TO HAVE MY ACCESS REMOVED. IF MY PROXIMITY IDENTIFICATION CARD IS LOST OR STOLEN, I WILL IMMEDIATELY REPORT IT TO MY SUPERVISOR. (Replacement MavCard cost is \$15.00 and is the responsibility of cardholder)

**PERSONAL RESPONSIBILITY STATEMENT:**  
 I TAKE FULL RESPONSIBILITY FOR SECURING THE DOORS (KEEPING THEM CLOSED) WHILE I AM USING THE TECHNOLOGY AND TEACHING CENTER WHEN THE CENTER IS NOT STAFFED BY AN EMPLOYEE OF ITS. I AM AWARE THAT I WILL NEED MY MAVCARD WITH THE PROXIMITY CHIP TO ACCESS THE TECHNOLOGY AND TEACHING CENTER AND PRODUCTION STUDIO AND THAT THE SYSTEM WILL ONLY ALLOW ME ACCESS DURING THE DAYS AND HOURS I AM AUTHORIZED.

Date: \_\_\_\_\_ Individual Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date: \_\_\_\_\_ ITS Vice President: \_\_\_\_\_  
 Date: \_\_\_\_\_ Door Access Administrator: \_\_\_\_\_

Submit this completed form to ACC WH117.