



REQUEST FOR
AFTER HOURS ACCESS



(Please Print)

Name of person requesting access _____

Student ID# _____ Access times: Fall/Spring (circle) OR
(optional) Dates: Start _____ Stop _____

Date of Birth _____

Committee and/or Council Area _____

Chair/VP of Committee/Council Area _____

Advisor of Committee/Council Area _____

Reasons for requesting after hours access _____

Responsibilities for After Hours Access:

1. Report lost or stolen ID card to the appropriate offices.
2. Ensure the safety and security of the SPO.
3. Conducting SPO related business.

By signing this, you understand and agree to abide by the responsibilities set forth above.

Signature of Requestee _____

Signature of Requestee _____

Signature of Chair/VP _____