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 _____________________________________________

MSC Council Operations