

LAMAR STATE COLLEGE PORT ARTHUR CARD ACCESS AUTHORIZATION REQUEST

This form must be printed, completed, signed, and returned to:

Student Center, Room 104

Copies may be downloaded from the LSCPA Campus Police website

Note: This form must be printed out in hard copy-form as it requires signatures.

DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE ID # _____

DEPARTMENT/JOB TITLE: _____

ACCESS CARD # _____

BUILDING ACCESS: _____

ROOM NUMBERS: _____

Acceptance of this access card by this request is with the understanding that issuance and use will be in accordance with the Key Control Policy of LSCPA. ***IT IS THE RESPONSIBILITY OF THE PERSON SUBMITTING THIS REQUEST TO OBTAIN SIGNATURES OF APPROVAL PRIOR TO SUBMISSION.***

Dean, Director, or V.P. (Print Name)

Signature

Date