

ACCESS REQUEST FORM

Student Media

SECTION 1 – TYPE OF ACCESS REQUEST

- Electronic Card Access to Student Media Office
- OMNI Code Access to Equipment Room
- Electronic Card Access to WGMU Studio

SECTION 2 – REQUESTOR INFORMATION

Name: _____ G Number: _____

Reason for access request: _____

Please select which option reflects your graduation status:

- December 2016 May 2017 Neither December 2016 nor May 2017

Do you currently receive compensation from Student Media?

- Yes No

I, _____, understand that with obtaining electronic access to Student Media, WGMU, or the Equipment Room it is my responsibility to ensure the door closes behind me. Furthermore, my signature indicates that if I fail to follow office protocols, such as, propping the door open after business hours, I acknowledge that my access will be revoked immediately and indefinitely.

Signature: _____ Date: _____

SECTION 3 – STUDENT LEADER and ADVISOR AUTHORIZATION

Start Date: _____ End Date: _____

Group: _____

Student Leader Signature: _____

Advisor Signature: _____

**Please give the completed form to the Asst. Director for Fiscal and Operations, room 1205.
Card access will be processed on a weekly basis.**

DEPARTMENT USE ONLY

Date sent to CASO/Given OMNI Code: _____ Authorizer: _____
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