



PROXY CARD ACCESS REQUEST FORM

Department: _____

Date: _____

Department Authorization: _____

Department Contact: _____

Ext. #: _____

Proxy card access required for: Faculty/Staff Student Other

NOTE: All Students and Visitors must have a de-activation date.

First Name	Last Name	Proxy Card#	Student/Staff#	De-activation Date

Building Proxy Access	Please Check	Building Proxy Access	Please Check
BRIC Exterior Doors	<input type="checkbox"/>	GLN Exterior Doors	<input type="checkbox"/>
CRN 114 MECH	<input type="checkbox"/>	GLNB 103 Storage	<input type="checkbox"/>
CRN 242 Loading Dock	<input type="checkbox"/>	GLNB Exterior Doors	<input type="checkbox"/>
CRN ELEV 2 ACF	<input type="checkbox"/>	GSB Exterior Doors	<input type="checkbox"/>
CRN Ext Doors	<input type="checkbox"/>	Mac Chown Ext. Doors	<input type="checkbox"/>
CRN Stair/Elev 24/7	<input type="checkbox"/>	PLZ 200A – Scooter Rm	<input type="checkbox"/>
CRN Stair/Elev 8-6pm	<input type="checkbox"/>	PLZ Stair/Elev	<input type="checkbox"/>
CRN 209-EX1 8am-6pm	<input type="checkbox"/>	ST 1404 – STAIR A	<input type="checkbox"/>
CRN 209-EX1-Biolinc	<input type="checkbox"/>	ST 1405 – STAIR B	<input type="checkbox"/>
CUB – Office Doors	<input type="checkbox"/>	ST 1501	<input type="checkbox"/>
CUB Chiller Room	<input type="checkbox"/>	ST-Stairs (11-12-13)	<input type="checkbox"/>
CUB Control Room	<input type="checkbox"/>	Theal House Ent.	<input type="checkbox"/>
CUB Engine Room	<input type="checkbox"/>	WH – Exterior Door	<input type="checkbox"/>
CUB Exterior Doors	<input type="checkbox"/>		

Please allow 3 – 5 days for activation. The request form can be e-mailed to: KeysAndSwipe@brocku.ca or interoffice mail to: Space Management Coordinator – GLNA111

Do not punch holes in the Proximity Card, as it will deactivate the censor.