

# **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: \_\_\_\_\_

What is your expected graduation date (Month/Year)?

\_\_\_\_\_

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**

Card Start Date: \_\_\_\_\_ Card 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.**

<b>DEPARTMENT USE ONLY</b>
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Date sent to CASO: _____ Entered By: _____
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