

Access Control Request

INFORMATION

Date Requested: <i>Click here for dates</i>	CCC ID Number:	Contact Number:
First Name:	Last Name:	Job Title:
Position Type: <i>Click here to select a position</i>	If contractor, Company name:	

REASON FOR CAMPUS MASTER ELECTRONIC ACCESS

Click here to enter text.

ACCESS DECISION

Approved
 Approved with modifications
 Denied

Details: *Click here to enter text.*

SIGNATURES

Signature & Date: <i>Click here to enter a date.</i> X _____	Authorized Approver Full Name Printed with Title
Signature & Date: <i>Click here to enter a date.</i> X _____	College Safety Full Name Printed with Title

SANCTIONS FOR NON-COMPLIANCE

Access cards are the property of CCC and may not be retained past the date authorizing their use. In the event of a lost or unreturned access device, the individual, the individual's department or organization may be liable for costs related to restoring security to the area.

All signatures must be obtained prior to submitting this form

Email completed form to: jalley.snell@clackamas.edu • Contact: 503-594-3090