For Official Use Only:			
Rec'd Date:	Policy E-mail:		
Key Req #/Date:	List Serv Added:	Last 6 of Proximity Card:	
Notified Date:	Pick Up Date:	Deactivated Date:	
	WHI Acc	ess Request Form	
Instructions:			
	e TYPED. Handwritten change	•	
	horized signatures must be f	illed in. rvisor for an approval signature. Signed form	s can bo o mailed
	<u>t@unlv.edu</u> or delivered to V		s can be e-maned
		d and ready for pick-up at WHI 101.	
•		the School of Life Sciences Administration.	
Date Form Filled Out:			
1. KEY/CARD HOLDER IN	FORMATION:		
Name:	Email:	Phone #:	
Is this an access RENEWA			
Requestor's Name (if diff	erent than above):		
2. EMPLOYEE TYPE: (sele	ect only one)		
Faculty	Staff	Postdoc Scholar	
OR Temporary Employee	Graduate Student	Undergraduate Researcher	
. 3 . 3		np-employee, graduate assistant, or undergra	aduate student
·	·	Check all that app	
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