



ROOM/BUILDING ACCESS REQUEST FORM

S. J. Carew Building / Bruneau Building / Suncor Center / Coughlan College
 Faculty of Engineering and Applied Science, Memorial University of Newfoundland

Name of Requestor: _____

Employee #: _____ Student #: _____

Email Address: _____ Telephone #: _____

Hours Access Required: 6am-5pm 5pm-10pm Proxy Request
 Days Access Required: Mon-Fri Weekends Key Request

SJ Carew	Suncor Centre	Bruneau	Coughlan

*Please note: **Laboratory/Research Area Access Authorization** Form must be completed and attached for lab access.

Reason for access: _____

Dates Access Required: _____ to _____

Requestor's Name (Print): _____ Signature: _____

Date: _____

Supervisor's Name (Print): _____	Signature of approval: _____
Date: _____	
Department Head Name (Print): _____	Signature of approval: _____
Date: _____	
_____ Senior Administration Officer Signature of approval	_____ Date

FOR OFFICE USE ONLY: Key Request#: _____

CEP Notified Date: _____ Notified by: _____

CEP Approved Date: _____ Requestor Notified: _____ Notified by: _____