



Electronic Door Access

ROUTING	FIS, MSC 3545 keyaccess@nmsu.edu Phone 646-7114 Fax 646-6432
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Instructions: Enter employee information. The employee must read and sign the Responsibilities Statement prior to approval by the required authorizing signature. Route according to options above: interoffice, e-mail, or fax.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____ Campus Box: _____

Requestor: _____ NMSU E-mail Address: _____ Phone: _____

I agree to notify NMSU Facilities & Services if an employee status changes via email - keyaccess@nmsu.edu

Requestor Signature: _____ Date: _____

SECTION 2: REQUEST DETAILS

Select one: Trilogy Blackboard Other (please provide system) _____

Select one: Grant Access to Building/Room Remove Access to Building/Room Remove ALL Access

Effective Date: _____ End Date (Optional): _____ Index: _____ (required if trilogy lock)

Employee Name: _____ Employee Title: _____

Aggie ID: _____ E-mail Address: _____ Phone: _____

Department: _____ Comments/Notes: _____

BUILDING/ROOM INFORMATION (Only if adding or changing)

For access to a building, room numbers are not required.

Building Name: _____ Room Number(s): _____

SECTION 4: OFFICIAL APPROVAL

Appropriate authority is either for building, department, or to specific rooms. Access to a building requires approval of a Building Authority.

Printed Name: _____ Authority Signature: _____ Date: _____

FOR MASTER ACCESS ONLY

Assistant VP of Facilities - Printed Name: _____ Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

AiM Building #: _____ Access Plan Granted: _____ Date: _____ Initials: _____

Work Order #: _____

Electronic Door Access - Responsibilities Statement

Name: _____ Aggie ID: _____

This Agreement is intended to define the responsibilities of those employees or affiliates who have access to NMSU facilities and to record recognition and acceptance of that responsibility.

Within NMSU, employees or affiliates are authorized access to University facilities only to the extent necessary to perform their official university duties, and are responsible for protecting such facilities against unauthorized access or misuse.

Recognizing this responsibility,

I agree to the following (please initial each line):

- _____ I will only access NMSU facilities after hours for official business.
- _____ I will not loan or transfer my ID to any other individual.
- _____ I will verify that the entrance is secured upon entry and leaving.
- _____ I will not allow anyone to follow me through the entry unless I am their direct supervisor, or an instructor Providing access to the classroom, or a responsible person providing access to space based on a University-approved purpose.
- _____ Suspicious persons or activities will be reported to NMSU Police. (575) 646-3311
- _____ If I lose my NMSU ID card, I will notify ID card services immediately. (575) 646-4835

Signature: _____ Date: _____