Knight Card Building
Access Authorization and Agreement

Today's Date:	Auxiliary Received Date:	
First Name:	Last Name:	Job Title:
Email:	Phone Number:	Campus ID (983):
Are you: Faculty ☐ Staff ☐	Campus: Cochran ☐ Dublin ☐ Eastman ☐ Macon ☐ Warner Robins ☐	
Where is your office located? Building	Room Number	

Please list building (s) you need access to:

Campus	Building
1.	
2.	
3.	

Please provide access reason for buildings other than where your office is located:

_____

*If you are requesting access to more than 3 buildings, please email auxiliary@mga.edu (If you are police or facilities, please just indicate the campus that you need access to)

Agreement:

For and in consideration of the use of the Knight card to the institution's premises, the undersigned hereby acknowledges receipt of access to listed buildings, and agrees to use Knight Card Access only in accordance with Middle Georgia State University's (MGA) Key Control Access Policy. No person shall transfer, duplicate or permit the use of their University ID card by another person. Possession of key cards to any University building or facility without authorization shall be subject to forfeiting access permissions. Lost ID cards must be reported to the Police immediately. In addition, the undersigned agrees to not prop doors open and must ensure that doors are closed after entering a building. Others may not be let into buildings outside of normal business hours other than the undersigned who has been granted access.

Printed Name:	**Signature:**	**Date**
Supervisor Approval:	**Supervisor Signature:**	**Date:**