

Electronic Lock Authorization Form

Last Name _____ First Name _____ MI _____

Email _____ Phone # _____ Library Number (back of UALR ID Card) _____

T Number / Institutional ID # _____ Department _____ Position _____

Requested Access

Please check all locks areas for which you are requesting access

Building	Room/Corridor
NANO	1st Floor East
NANO	1st Floor West
NANO	2nd Floor Stairwell
NANO	3rd Floor Stairwell
ETAS	152

*Internal
Use Only*
Approved
Y N

Expiration Date

Spring
Summer
Fall

Year

*Access will be removed at the **end** of the indicated semester. If left blank, access will be removed at the end of the current semester.*

Note: This is not required for departmental faculty or staff.

Notes

Fumiya Watanabe

Director of Instrumentation

Signature

Date

Mildred Holley

Operations Director

Signature

Date

Dr. Alexandru S. Biris

Director

Signature

Date