University of Toronto Scarborough

Physical Security and Systems

Access Request Form: Arts & Administration Building

Applicant Information		Date of completion	
Last Name:		First Name:	
Student/Employee #:		Department:	
Email:		Phone:	
Status:		Date of Expiry:	
Areas Requested AA122	AA152	AA4th Floor & Elevat	or Elevator to Roof
Arts, Culture and Media AA All Practice Rooms AA 322	AA312	AA320	AA321
Other			
Ralph Campbell Lounge	(Staff Only)		
Authorized Signature	Supervisor name		
Print Name:		Date	
Signature:			
CC:		CFC:	
Fund:		10:	
Acknowledge receipt			
Card/Fob#		Date	
Print Name		Signature	