

Knight Card Building Access Authorization and Agreement

Today's Date:				Auxiliary Received Date:					
•			110	•					
First Name:		Last Name:			Job '	Job Title:			
Email:		Phone Number:			Campus ID (983):				
Are you:	Campus:								
Faculty	Staff	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 <u>auxiliary@mga.edu</u> (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	Date		
Supervisor Approval:		Supervisor Si	gnat	ture:		Date:			