

# LAKES REGION COMMUNITY COLLEGE

## ELECTRONIC DOOR ACCESS AUTHORIZATION

(To be completed for issuance of door access proxy cards only)

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Authorized door clearances					
Automotive		Fire Science		Nursing	
Appleridge		Health & Science Admin		Physics	
Biology		Health & Science non-sec			
Chemistry		IT			
Commons		LRCC Maint all doors			

\*If only certain classrooms are necessary under the headers, please specify\*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

POA name: \_\_\_\_\_

POA signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Person of Authority (POA) may not sign their own access form)**

**By signing this document employee certifies that they have returned any existing door access keys in their possession.**

### Door clearance revocation

**Please revoke all door access authorizations shown above**

POA name: \_\_\_\_\_

POA signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The original of this form to be kept on file in the office of Student Affairs.**

Access granted by:

Card #