

**Card/Prox Authorization**

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

Dept. Head Approval (sign): _____	Dept.: _____
Prepared By: _____	Dept. Head (printed): _____

Please complete this form with the names and signatures of the persons authorized to request prox and card swipe access to buildings and labs for affiliates of the UO, and return this form to Vanessa Abbott. The new authorized signatures will be valid and the old authorization forms will be discarded.

Only those persons whose signatures appear below will be authorized to request prox and card swipe access. Card and prox access will not be issued for other departmental areas without the approval of that particular department. It is the responsibility of the authorized person to request access only to their department's area.

NAME AND UNIVERSITY POSITION	SIGNATURE

If you have any questions, please contact Vanessa Abbott, Key & Access Coordinator at 346-5446.

***Please remember to request access termination for faculty, staff, and students who leave the University. Card and Prox access security is a team effort - please assist us to make your building secure by reporting individuals who are leaving the University and/or a particular department.***