

Cardax – Electronic Building Access Request

Upon completion of this form, please fax to Security Department on (08) 9266 3223

APPLICANT DETAILS

Staff / Student ID:

Title: _____ Family Name: _____ Given Name: _____

Email: _____ Phone: _____

Position / Title: _____ Campus: _____

Department / Area: _____ Building: _____

Do you require your existing access? Yes No (Default)

REQUEST ACCESS TO:

Building, Level, Area, Door, Zone or Description
(e.g. Building 109, LVL 1, Properties external door)

Day and Time Access is required
(e.g. 8am to 5pm, Monday to Friday)

APPLICATION DECLARATION

In signing this request, I acknowledge that:

- The access card issued always remains the property of the University and must be returned to Security upon request
- The card will be programmed to provide access to specific areas at specific times according to the authorisation provided on this form by the relevant head of school or department. Requests for access to other areas or during different times will only be permitted by Security if authorised in writing by an appropriate person.
- Any misuse of facilities to which this card provides access will result in cancellation of the card and loss of access to those facilities
- The card will not be given to any other person, and its loss will be reported to Security immediately.

Signature of Applicant: _____ Date: _____

Authorised Officer to Complete (e.g. Head of applicant's Department/Area, laboratory licence holder)

By signing this form you are authorising the applicant to be granted the access as detailed above.

Name: _____ Email: _____

Phone: _____ Position: _____

Signature of Authorised Officer: _____ Date: _____