Student After Hours Access Request Form

Section 1: Identification – Name and Contact Information

Students in our academic department are granted special access after normal building hours. We take responsibility for this person’s conduct while working after normal hours of operation. Please permit them access to the following:

Last Name ___________________________ First Name ___________________________ Academic Department ___________________________

Banner ID ___________________________ Rowan Email ___________________________

Section 2: Building Access

<table>
<thead>
<tr>
<th>Building</th>
<th>Days</th>
<th>Hours</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

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[Options for access]

[ ] Student is a paid employee and may act as charge person.
[ ] Student will be permitted access with charge person present.
[ ] Student needs access without charge person present (please provide any additional information below)

Section 3: Guidelines

All students must read and agree to the following guidelines:

- You are expected to be working on academic projects while in buildings after hours.
- You are expected to leave the building during a fire alarm or any evacuation situation.
- You should not prop doors or allow anyone entry to the building.
- You should cooperate with Public Safety Officers at all times.
- You are expected to call Public Safety – x4922 – with any situation that occurs.
- You should cooperate with cleaning crews.
- You must carry the assigned badge and your student ID at all times.
- Any failure to conduct yourself properly could result in losing after hour privileges & a code of conduct violation review.
- Crime Prevention urges you to use our escort program when walking alone at night - call (856) 256-4922

I agree: ___________________________ ___________________________ ___________________________

Student Signature ___________________________ Date ___________________________ Print Name ___________________________

Section 3: Required Approvals

Requesting Advisor (Print Name) ___________________________ Signature ___________________________ Date ___________________________

Requesting Advisor (Print Name) ___________________________ Signature ___________________________ Date ___________________________

Dean’s Office Approval (Print Name) ___________________________ Signature ___________________________ Date ___________________________

Section 5: Division of Public Safety Use Only

[ ] Approved ___________________________ [ ] Denied ___________________________ DPS Director ___________________________