



# Contractor Building Access

**ROUTING**  
FIS, MSC 3545  
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Phone 646-7114  
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Instructions: Type or print information. Each contractor employee must read and sign responsibilities statement forms at Access Control prior to being granted access to NMSU buildings. *Note: Loss of card will result in a \$25 charge.*

## SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_ Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_  
Requestor (Project Manager): \_\_\_\_\_ NMSU E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Aggie ID: \_\_\_\_\_  
Project Number: \_\_\_\_\_ Index: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Contractor Name: \_\_\_\_\_ Building Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contractor Employee (Print)	Card/Key Number	Contractor Employee Signature	Date Issued (Initial by FS)	Date Returned (Initial by FS)

*Note: Loss of card will result in a \$25 charge.*

## SECTION 4: OFFICIAL APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Access Control/Facilities Information Management

## SECTION 5: INTERNAL DEPARTMENT USE ONLY

AiM Building #: \_\_\_\_\_ Access Plan Granted: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Work Order #: \_\_\_\_\_

Reset