DALTON STATE COLLEGE

DEPARTMENT OF PUBLIC SAFETY

*ACCESS CONTROL REQUEST*

**Requester’s Name**  Requester’s Department 

Telephone Number  Faculty Staff

Email Address 

**Individual Needing Access**  Student Faculty Staff

DSC ID Number  Telephone Number 

Email Address 

**Building Name**(s) 

**Room Number**(s) 

**Reason for Request** 

Request For 24/7 Access Request For Dates/Times: From Click or tap to enter a date.

To Click or tap to enter a date.

From:  AMPM

To:  AMPM

**Server Room Request** (Only Specified Dates/Times)

Westcott Server Room Memorial Server Room

Signature of Director of OCIS (Required for Server Rooms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Signatures (ALL)**

Individual Needing Access \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After form is completed and signed, scan and email to: [psafety@daltonstate.edu](mailto:psafety@daltonstate.edu)

**Public Safety**

Date Request Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access Granted in Blackboard Connect on Date \_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_

Access Granted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Denied on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_