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:  [ ] AM[ ] PM

 To:  [ ] AM[ ] PM

**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

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_