

Swipe Card Access / Key Request

DATE					
NAME		EMAIL			
BANNER ID	NUMBER		PHONE		
Last 8 digits of	f your Lobo ID Car	d (this is not your Ba	anner ID)		
Graduate St	tudent U	ndergraduate	Student S	Staff [Faculty
upervisor or P	I Approval (REQUIRI				
SIGNATUF			Ξ		PRINTED NAME
	ARD ACCESS				
	-		M-Sat 7:00am to 7:3	80pm	
ROOM#	ACCESS TIMES	REASON FOR ACCESS			EXPIRATION DATE
	1				
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→ OFFICE/L ₁	AB KEYS (Depa	rtment Chair si	gnature required for	all keys)	
ROOM#	NAME		KEY NUMBER(S	SON FOR ACCESS	
Dr. Susan Bo	ogus Halter, Depart	ment Chair			
•	• •		y(s) at the UNM Loc		vith a link so you can
In the event of each missing k	•	he Lock Shop w	vill hold you responsi	ble, not C	CEE. There is a \$10 fee for