



Lehigh University IDEAL Office
 42 University Drive
 Bethlehem, PA 18015
 610-758-6175

Access Authorization Form – Academic Buildings

I am requesting that the following Card Access to be granted to:

NAME _____ LIN _____

BUILDING _____

Date(s) and Time(s) required:

<u>Day</u>	<u>Date</u>	<u>Time</u>
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
24 / 7	_____	

Start Date: _____ End Date: _____

 Signature of Authorized Personnel

 Printed Name

Please refer to the Access Control Policy to understand Authorized Signatories and who has the authority to sign off on access requests.

PLEASE EMAIL COMPLETED FORM TO INIDEAL@LEHIGH.EDU