

TEMPORARY ACCESS REQUEST

Please print and use only blue or black ink.

To be completed by **Applicant**

Last Name (print)	First Name (print)	Middle Name (print)
Badge Number	Primary Phone Number	E-mail Address (print)
Employer Name	Job Title	ID Media Type <input type="checkbox"/> SIDA <input type="checkbox"/> AOA <input type="checkbox"/> Sterile

Access Level

To be completed by **Applicant and Signatory**

Check one of the following (For access to AOA leaseholds, contact the Master Tenant)				
<input type="checkbox"/> Company Access Template		<input type="checkbox"/> Access listed below only		
Access Point Request (List the Access the Point Name. Access point names can be found on the top of card readers)				
1.	5.	9.	13.	17.
2.	6.	10.	14.	18.
3.	7.	11.	15.	19.
4.	8.	12.	16.	20.
Reason for Access Request				
Applicant's Signature				Date



SIGNATORY AUTHORIZATION

To be completed by the **Authorized Signatory**.

Last Name (print)	First Name (print)	Middle Name (print)
Badge Number	Signature	Date



MASTER TENANT SIGNATORY AUTHORIZATION

To be completed by the **Master Tenant** only if requesting company is subleasing space. Otherwise, this section can be left blank. See Annotated Guideline or FAQ for details.

Last Name (print)	First Name (print)	Middle Name (print)
Badge Number	Signature	Date



LGB USE ONLY

To be completed by the **Badging & Access Control Office**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Name:	Date: