The University of Alabama in Huntsville Card Reader Installation Request

Building Name			Ro	om#	
Requestin	g Department				
Requestor Name			Ph	one#	
Budget #		Date of Reque	st		

Below, describe what room or area this door will lead to. Please include name(s) this room or area are commonly referred to as. Detail if this door will need to be in a controlled access state at all times or if it will need a opening and closing schedule assigned.

Once completed, EMAIL this form to accesscontroladmin@uah.edu

TO BE COMPLETED BY PUBLIC SAFETY

D	ate Received		Pro	cessed By		
Site Visit Date			Door Name			
Door Description						
	Interior	Exterior		Card Reader Applied to Blue Prints		
Public Safety Approval					Date of Approval	

TO BE COMPLETED BY FACILITIES

Date Received		Processed By		
Date Installation Completed			Installed By	

Once installation is complete, email this completed form to accesscontroladmin@uah.edu