



Card Access Authorization Form

The Department administrator must complete ALL information below:

Card Holder's Name: _____
First Name Last Name

Department: _____ Building(s): _____

Select one: New Card Replacement Card

Requested Access / Areas:

Days *(Select one)*

- Monday-Friday
- Monday-Saturday
- Sunday-Saturday (All week)
- Saturday-Sunday (Weekend)
- Saturday only

Times *(Select one)*

- 8:00AM-5:00PM
- 6:00AM-10:00PM
- 6:00AM-2:00PM
- All Day Access
- All Campus Access

I understand the Building access card is property of Prairie View A&M University, and is to be used for building entry related to PVAMU business. I understand that if a building access card is lost, I am required to report this immediately (Day or Night) to the Prairie View A&M University Police Department.

Administrator Signature: _____ Date: _____
Department Representative

All-Access Authorization: _____ Date: _____
Prairie View A&M University Chief of Police

Delivered by: _____ Date: _____
PVAMU: Physical Security Coordinator

Received by: _____ Date: _____
Department Representative

Please email completed form sehannah@pvamu.edu for processing.

"ALL CAMPUS ACCESS" cards will need authorization from Prairie View A&M University Chief of Police.

