

OLE Card Door Access System
Door privileges requisition

Date: _____

Name (Print): _____

Dept.: _____

Campus address (Building name, Rm #, Phone #):

Access locations – please include building and door numbers and/or detailed description of the location. Requests for student access to card controlled areas must include a schedule and calendar for access.

Example of request

Location: Regents Hall Vivarium door C100

Schedule: 7:00 PM – 9:00 PM Mon. – Sun.

Calendar: 9/3– 12/17/2008; 1/5 – 3/20/2009; 3/30-5/20/2009

1) Location: _____
Schedule: _____
Calendar: _____

2) Location: _____
Schedule: _____
Calendar: _____

3) Location: _____
Schedule: _____
Calendar: _____

4) Location: _____
Schedule: _____
Calendar: _____

Dept. Chair/Supervisor's Signature: _____

Dept. Chair/Supervisor's Name (Print): _____

Dept. Chair/Supervisor's contact (Building, Office, Phone #): _____

Access to areas controlled by electronic locks cannot be issued without complete information.

The person requesting access must have a St. Olaf College issued ID card that is part of the OLE Card system, previously issued IDs cannot be programmed to work with the OLE Card system.