ACCESS CONTROL
ST. FRANCIS XAVIER UNIVERSITY

Swipe Card Authorization Request Form

Scope

This form is used to request, authorize, modify, or remove swipe card access for employees requiring entry to secured spaces at St. Francis Xavier University. Access areas may include offices, academic buildings, laboratories and research spaces, exterior doors, residence buildings, and other campus locations.

Completion of this form is required before access credentials are created or modified. All requests must be approved by the appropriate department lead or authorized supervisor prior to processing. Access permissions will be granted based on operational needs and role responsibilities.

Completed forms must be submitted to Allan Dewar, Access Control Coordinator, via email at adewar@stfx.ca. Please allow up to ten (10) business days for requests to be processed.

Section 1: Employee Information & Access Request

Name: Employee ID Number:

Position/Role: Department/Residence:

Phone Number: StFX Email:

Request Type

☐ New Access

☐ Change Existing Access

☐ Remove Access

☐ Temporary Access*

☐ Wildcard/Master Access

*For temporary access or scheduled dates up to a maximum of 7 days:

Access Start Date: Access Removal/End Date:

Access Requested

Building/Area	Room/Door Number	Notes

Section 2: Department Authorization

I confirm that the requested access is necessary for the employee's role & responsibilities at St. Francis Xavier University and has been reviewed in accordance with departmental requirements.

Dean/Director or Designate:

Title:

Signature:

Date:

Section 3: Cardholder Acknowledgment

I acknowledge that my access card and associated permissions are intended solely for authorized university purposes. I understand and agree that:

- I must not share or lend my access card to another individual.
- I am responsible for all activity associated with my card.
- Lost or stolen cards must be reported to Safety & Security immediately.
- Access privileges may be modified or revoked at any time.
- Unauthorized use may result in remove of access and/or disciplinary action.

Employee Signature:

Date:

Section 4: Supplementary Approval for Wildcard/ Master Access

(complete this section only for wildcard/ master access requests)

Wildcard/master access is restricted and will only be granted where operationally necessary. In addition to completing the information in sections 1-3, please provide the following:

Reason for Wildcard Access:

Areas Included in Wildcard Access:

Secondary Approval Authority (Vice-President, Finance & Administration or Designate)
Name:

Title:

Signature:

Date:

Section 5: Administrative Use Only

Processed By:

Date Processed:

Card Number Issued:

Expiry Date
(if applicable):

Administrative Notes: