

Requestor:

Name: Title:
Department: Phone:
Email:

Type of information being requested:

Card Access Transaction Report

Employee Name:
Employee ID:
Specific Building:
Specific Door:
Start Date/Time:
End Date/Time:

Video Footage

Building:
Camera(s):
Start Date/Time:
End Date/Time:

Copy of Incident Report

Incident Number:

Briefly describe the reason for this request:

Required Signatures

Requestor:

HR Representative Approval (required)

HR Representative:

File Location: