

Access Control Request

University of Houston

1. Em	ail Completed Form to DAU Departr	nent Access Use	er			
2. For	FAMIS workorder request, please a	allow 24 to 48 hou	urs.			
Requested By		PeopleSoft N	PeopleSoft Number			W ork Order # (If Applicable)
Estimate Only? Yes		Access Requ	Access Request? ☐ Yes ☐ No		Your Email Address	
Training Request? □ Yes □ No		Timezone Cha	Timezone Change? ☐ Yes ☐ No			Programming Request? ☐ Yes ☐ No
Serv	ice Requested					
• Plea	se provide detailed descriptions.					
• Plea	se include as much detail in Remark	s section to pror	mply have your request a	addressed		
Response times may vary, but should not exceed 24 hours.						
	Building Name		Building Number	No. of Doors		Room Number
1						
2						
3						
4						
	rks (Refer to Item # to which remarks	apply.)				
Desired Completion Date			Departmental Approval			
		Signature	Signature Date			
Acce	ss Control Workorder					
Service Due Date:						
	ation Cost:					
Billed To:						