

KU Edwards After-Hours Access Request Form

In order for the KU Edwards Campus to provide security for its facilities and a safe environment for students, staff, faculty and visitors, building access must be restricted during those times the campus is closed (after-hours).

All KU faculty and staff needing after-hours access must complete and submit an After-Hours Access Request Form. If after-hours access is approved, the access will be granted on a continuing basis or for the limited time period needed to complete the faculty research or special project.

After-Hours Request Process:

- All requests for after-hours access must be made at least **two weeks** before the needed date(s). The requestor will receive a response by email within two business days.
- Faculty members should submit their request to the Academic & Faculty Support Center Director at kuec_asc@ku.edu.
- Staff members should submit their request to the Director of Administrative & Fiscal Services at lwade@ku.edu, or if out of the office, to goodyear@ku.edu.

Buildings on the Edwards Campus are accessed after-hours by swiping an employee KU ID Card that has been coded for after-hours access. Electronic card swipe readers are located on the southwest entrance to Regnier Hall, the southeast entrance between Regnier Hall and Regents Center and the east entrance to the BEST building. If after-hours access is granted, the Facilities Manager will provide training. After the access has expired, the KU ID Card will no longer allow entry to the campus buildings after-hours.

Name: _____ Email: _____

Position/Title & Department: _____

What Kind of Access Do You Need?

If you need Access for a Limited Time Period,

Start Time: _____

Start Date: _____

End Time: _____

End Date: _____

Are you planning to meet with students? Public Safety must be on campus when meeting with students after-hours. If yes, please provide names of students:

Justification for Needed Access:

Signature of Supervisor (For Staff Only): _____

Approval Signature: _____

Access Removal:

Date: _____

Facilities Manager Signature: _____