

## 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 Associate Dean of Faculty & Academic Administration at [kuec\\_cfaa@ku.edu](mailto:kuec_cfaa@ku.edu).
- Staff members should submit their request to the Director of Administrative & Fiscal Services at [lwade@ku.edu](mailto:lwade@ku.edu), or if out of the office, to [lauriebrown@ku.edu](mailto:lauriebrown@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 Assistant Director of Administrative Services 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: \_\_\_\_\_

Assistant Director of Administrative Services: \_\_\_\_\_