After Hours Request

This form must be completed in its entirety for each Individual¹ request and MUST be approved/signed by the either the Dean, Provost or Chancellor prior to submittal.

Completed forms need to be emailed to camdenoffhours_req@camden.rutgers.edu The following individual: Name Netid Affiliation Requested to have access to: For the following duration: I understand that I must email camdenoffhours_req@camden.rutgers.edu immediately if the individuals status has changed and/or if the access needs to be revoked. All approved requests are automatically terminated at the end of each academic semester and must be re-submitted if necessary. Initials The requestor and department is aware and has informed the student that there are limited resources available After Hours including security coverage and transportation. Initials The department affirms that it is necessary to grant access for the following reasons **Professor/Requestor** Printed Name Chair of the Department Kenneth Elliott Dean of the School, Provost, Chancellor

Signature

Printed Name

¹ Any student, Part Time Lecturer and/or any employee not classified by UHR as a Type 1 employee