

OFFICIAL USE ONLY:	INITIALS	PREVIOUS PROX #	<input type="checkbox"/> LOST	PROX #	DATE ENTERED
			<input type="checkbox"/> DAMAGED		/ /

EASTERN WASHINGTON UNIVERSITY PROX-CREDENTIAL FORM

PROX CREDENTIAL RECIPIENT

LAST NAME: _____ FIRST NAME: _____ M.I: _____

TITLE: _____ DEPARTMENT: _____ EWU I.D. #: _____

MAIL: _____ PHONE #: _____ EMAIL: _____

FACULTY STAFF STUDENT EMPLOYEE STUDENT OTHER _____

The following standards are intended for the safety and security of the students, staff, patrons, facilities, and equipment at Eastern Washington University. The individual agrees to the following standards to obtain authorization for University access.

1. The facilities and equipment are only to be used for academic and educational purposes. Other use is prohibited.
2. Prox Credentials are only to be used by the authorized individual and must not be loaned to others.
3. Report lost or stolen Prox Credentials immediately to Access Control and issuing departments so, access can be disabled.
4. Electronic access is monitored. The system will indicate attempted access. Misuse will result in deactivation.
5. Abide by all regulations governing the use of University buildings.
6. I will return the Prox Credential to EWU Access Control when or before it is due.

PROX CREDENTIAL RECIPIENT SIGNATURE: _____ DATE: ____/____/____

[By signing I agree to abide by the above standards]

TO BE FILLED OUT BY AUTHORIZING OFFICIAL

If this Prox Credential is for class use - Name of programs and/or classes: _____

ACCESS TO: _____ ACCESS TO: _____

DAYS OF WEEK: _____ DAYS OF WEEK: _____

TIME OF DAY: _____ TIME OF DAY: _____

ACCESS TO: _____ ACCESS TO: _____

DAYS OF WEEK: _____ DAYS OF WEEK: _____

TIME OF DAY: _____ TIME OF DAY: _____

LAST NAME: _____ FIRST NAME: _____ M.I: _____

AUTHORIZING OFFICIAL SIGNATURE: _____ DATE: ____/____/____

[As authorizing official, I accept full responsibility for the issuance of this Prox Credential]

Prox Credential Duration: Indefinite Temporary End Date: ____/____/____