THE UNIVERSITY OF TEXAS AT EL PASO
ELECTRONIC ACCESS AUTHORIZATION FORM
Miner Gold card Office Ph: 747-7334  Fax: 747-6250

LAST NAME___________________________FIRST NAME__________________________

FACULTY/STAFF ID #____________________STUDENT ID#______________________

DEPARTMENT_________________________________ROOM #______________________

WORK PHONE#________________________FAX #______________________________

DEPARTMENT HEAD AUTHORIZATION

LAST NAME________________________FIRST NAME____________________________

SIGNATURE_______________________________________EXT_____________________

**BE SPECIFIC****THE DAYS AND TIMES LISTED WILL BE THE ONLY TIME THE BUILDING CAN BE
ACCESSSED OTHER THAN NORMAL BUSINESS HOURS. START/END DATES WILL ALLOW ACCESS
ONLY FOR DATES LISTED (IF NO END DATE IS LISTED UTEP/MINER GOLD CARD OFFICE MUST BE
NOTIFIED WHEN EMPLOYMENT HAS TERMINATED.)

<table>
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<tr>
<th>BUILDING</th>
<th>DAYS OF WEEK</th>
<th>TIME</th>
<th>START DATE</th>
<th>END DATE</th>
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ACTIVATED____________________ BY __________________________

DE-ACTIVATED__________________ BY __________________________