WASHTENAW COMMUNITY COLLEGE

The Public Safety Department

ELECTRONIC ACCESS PROX/FOB REQUEST FORM

To be issued to* (print or type name):			
	Last	First	M. I.
Full Time ☐ Part Time ☐ <i>Job Title</i>		WCC @ ID #	
Washtenaw Community (College Work Pho	one	
Department	Org. #	Bldg/Office/Room#	
this form completely.		of its completion, please be sure to fill requests. Please visit SC 264 to have yo	
Electronic Access FOB - PROX C			
Authorized by (print or type):		t authorize your own request)	
Authorized Signature:		Date:	
(Dean, Director, or Supervisor			
It normally takes six (6) days to process a FOB/Prox Card are ready— <u>be sure to fill it</u> Safety Office in the Parking Structure, Ro	in a WCC work phone n	<u>number</u> . FOB/Prox Card may be pick	
College FOBs/PROX cards are not report with the Public Safety depart		_	promptly file
Forward Forward	d all requests to Pub	blic Safety, CS 205	
Public Safety I	Department Use Only	KEY NUMBER: K EMPLOYEE NUMBER: _	
Meets Procedure Guidelines: Yes	□ No □	Initials:	
If No, please give reason:			
Date FOB's/key(s) made:	or dat	e request denied:	
FOB's/Key numbers made:		by:	