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|-----------------|--|--|--|--|--|--|
| Office Use Only | | | | | | |
| Group: | | | | | | |
| Card Number: | | | | | | |

Receipt Number:.....

**University of Wollongong
School of Information Technology and Computer Science**

REQUEST FOR PROXIMITY CARD ACCESS TO BUILDING THREE

*****THIS PROCESS CAN TAKE 5 WORKING DAYS*****

(You cannot use the labs in building 3 after hours until you have a Proximity Card)

| | |
|-----------------------------|--|
| STUDENT NUMBER: | |
| SURNAME/FAMILY NAME: | |
| GIVEN NAME: | |
| DEGREE ENROLLED IN: | |
| TELEPHONE CONTACT: | |
| EMAIL CONTACT: | |

REASON FOR ISSUE:

- New Applicant
- Amendment to Access (may incur an additional fee)
- Lost Proximity Card (full application fee applies)

SUBJECTS I AM ENROLLED IN THIS SESSION:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DECLARATION:

I understand that, if I am a **new applicant**, I need to pay **\$21.00** and that I can only have one Proximity Card. I understand that if I return this card in good condition, I will be eligible for a refund of \$10.00. I understand that I must carry this card and also have appropriate **Student Card Identification** with me at all times whilst in Building 3.

I accept that this Proximity Card is valid only for the term of my current enrolment, based on the date of the application. I understand that my Proximity Card will be deactivated at the end of each session and that I will need to reactivate it by completing another application form. This process may alter if the after hours' access system changes in Building 3.

I declare that the Proximity Card is for my personal use only and is being used in the pursuit of my studies in Information Technology and Computer Science.

I declare that I will not give my Proximity Card to anyone else for his or her use – it is my personal responsibility.

I declare that I will not allow any unauthorised person access to Building 3 after-hours.

I understand that, should I breach the above conditions, I may be **permanently denied** the privilege to apply for after hours' access and my user account will be disabled immediately for a period of time to be determined by the Dean.

***** I acknowledge that I have read, understood and will abide by the above. *****

Signature of Applicant:

Date: