



Washington University in St. Louis

Department of Facilities Planning & Management

Card Access & Electronic Security Office

Unlock/Lock Official Request Form

Access Control Coordinator:

Telephone Number:

Event Title:

Event Date:

Building:

Floor:

Name of Space/Room:

Door Number:

(Located at the top right hand side of the door frame, on the card-reading side of the door)

Unlock Time:

Lock Time:

Special Instructions:

Please attach additional information as needed.

Thank you!