Faculty / Staff WTAMU Key Request

or

Name (Please Print)	Date		
Signature	Dept.		
	-		
VTAMU I.D. Number (Buffalo Gold Card Number)	— Dept He	ead (Print)	
	Dept. H	ead (Signature)	
VTAMU Email Address	Dean or	· Sr. Adm. (Print)	
Status (Full Time, Part Time)	Dean or	Sr. Adm. (Signature)	
Bldg	Room No.		
ease circle times access is requested:	Mon – Fri	Mon – Sun	
ease circle times access is requested: <u>Do Not Write Below This Line</u> (WTAMU Lo	<u>Mon – Fri</u> 7am – 7pm 7am – 10pm		24/7 Access Other
<u>Do Not Write Below This Line</u> (WTAMU Lo	<u>Mon – Fri</u> 7am – 7pm 7am – 10pm ock Shop Use Only)	<u>Mon – Sun</u> 7am – 7pm.	24/7 Access Other
<u>Do Not Write Below This Line</u> (WTAMU Lo	<u>Mon – Fri</u> 7am – 7pm 7am – 10pm ock Shop Use Only) 7	Mon – Sun 7am – 7pm. 7am - 10pm	24/7 Access Other
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