



**Temple College  
Student Building Usage Authorization  
Form #22500A**

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Student Name:

Date:     , 20

Name of TC Faculty Member requesting student access:

Building Name:           Room Number:

Purpose of Building Access:

Date(s) Requested:       through

Time(s) Requested:       through

Fridays Only:           7 days per week:       Other:

Emergency contact name:

Emergency contact telephone number:

**Signatures:**

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Faculty Member**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Division Director**

\_\_\_\_\_  
**Vice President, Educational Services**

\_\_\_\_\_  
**Campus Police**

It is recommended that the student carry a copy of this authorization and picture ID-driver's license, TC ID card, etc. to clarify any access issues. Keys will not be issued to the student. Access will be provided by Campus Police.

Any disruptive behavior exhibited and/or unauthorized access gained by the student during this time period will result in removal from the property and will be referred to the VPES. No other person other than the student will be allowed access.

**Original to:** Vice President, Educational Services

**Copies to:** Student, Faculty Member, Department Chair, Division Director, Campus Police