



COASTAL CAROLINA
UNIVERSITY

Student Permit to Enter Building

This is the only form that will be accepted
for access to the building as listed below.

Name(s): *(type or print)*

Please permit the above named into _____ Building on _____
(print or type) *(day(s) of week)*

Date(s): _____ to _____ Time(s): _____ to _____
(enter) *(leave)*

Admit into the following rooms only: _____

Department _____
Faculty / staff signature

Telephone number _____
Faculty / staff name printed

I understand and agree that in order to gain access into the above named building, I must display this permit and my university photo identification to a member of Coastal Carolina University's Department of Public Safety. I also understand and agree that if I depart the building before the scheduled time, I will notify the Department of Public Safety or the switchboard at campus extension 2177 in order that the building may be properly secured.

Thank you for your cooperation on behalf of campus safety.

Student signature(s):

Time admitted _____ Officer _____