



Rochester Institute of Technology
 Housing Operations
 63 Lomb Memorial Drive
 Rochester, New York 14623
 (585) 475-2572

Card Access Request Form Off-Floor Special Interest/Speciality Housing/Greek Non-Resident Member

This form is to be used to request permission to issue card access to an off-floor member of a Special Interest House, Specialty Housing, Greek residence hall, or a non-resident of a Greek chapter located on Charters Way. This form must be completed by the student requesting card access and then reviewed by a Residence Life/Honors/Study Abroad/Entrepreneur staff member. When the form is completed and approved for card access, the form will be forwarded to RIT Housing Operations and access will be activated on the student's RIT ID.

NON-MEMBER/NON-RESIDENT INFORMATION

Please Print

Student Name _____ University ID _____

E-mail _____

Requesting Access to: **Greek Chapter**

- | | | |
|----------------------|-------------------------|-----------------------|
| _____ Alpha Xi Delta | _____ Tau Kappa Epsilon | _____ AEPI |
| _____ DePhiE | _____ Kappa Delta Rho | _____ Phi Kappa Tau |
| _____ Phi Kappa Psi | _____ Sigma Sigma Sigma | _____ Phi Delta Theta |
| _____ Zeta Tau Alpha | _____ Pi Kappa Phi | |

Special Interest House

- | | |
|---------------------------|--------------------------------|
| _____ Unity House | _____ Computer Science House |
| _____ Art House | _____ Engineering House |
| _____ International House | _____ House of General Science |
| _____ Photo House | |
| _____ Honors | _____ Study Abroad |
| _____ Entrepreneurs Hall | |

AGREEMENT

My signature below indicates that I accept responsibility for the card access I am being given, as listed below and agree as follows:

- I will not provide access to the assigned area to any other person.
- I understand there will be an annual review of all off-floor/non-resident members with access and that continued access is at the discretion of the Greek Chapter/Special Interest House/Honors/Study Abroad/Entrepreneur Director.
- In the event I lose my RIT ID card, I will immediately report the loss to Public Safety and RIT Housing Operations.

Student Signature _____ Date _____

OFFICE USE ONLY	
Member roster check completed by Residence Life Staff on _____	Date _____
<input type="radio"/> Access approved	<input type="radio"/> Access denied
Residence Life Staff Signature _____	
Honors/Study Abroad/ Entrepreneur Director Signature _____	
Housing Operations access granted on _____	Date _____