

Health Science Center Swipe Card Only Form

Please complete the information below:

1. Name: _____

2. Please check:

_____ Faculty	_____ UW-La Crosse
_____ Staff	_____ UW-Madison
_____ Student	_____ Western Technical College
	_____ Gundersen Lutheran Research
	_____ Student Health Clinic

3. For students which program are you enrolled in and your graduation date:

4. Please check the doors that you would need access to:

_____ 0086	_____ 4002
_____ 1144	_____ 4014
_____ 3002	_____ 4022
_____ 3014	_____ 5000
_____ 3026	_____ 5032
_____ 3048	_____ 5092
_____ 3051	_____ Entrance
_____ 3061	

Name: _____

Date: _____

If student please have instructor sign:
