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:

   ____________________________  3/23/2009