University of Wisconsin-Superior
After Hours Student Pass Request Form

Program/Dept		*Instructor*
Building	***Room Number(s)***	***Until Date***

After hours are normally any time that the building/lab/room is **not** open for normal class time ***and*** the instructor is not available.

Special from - to hours

Student Name(s) & SID(s)			
Last	**First**	**MI**	**SID#**

Special Notes

	X this box if student(s) has/have been officially trained in the proper and safe use of all power tools, chemicals, and other hazardous materials they may be using or in contact with while in this/these rooms.

Note: Any alteration(s) to the pass card as issued by the Public Safety/Parking Office will result in the refusal of admittance to the room(s) on the pass card by Campus Safety Officers or Custodians. *(Lamination is acceptable.)*

SUBMIT