



**KULLIYAH OF SCIENCE**  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

**ACCESS/DOOR CONTROL CARD REQUEST FORM**

Card Number: \_\_\_\_\_ (Enter for Change; Leave blank for new)

Please tick:

- New card for new a new user who is:  Permanent  Sessional  Student  
 Delete or Replace card because it is  Lost  Defective  Terminated  
 Add or  Delete Access to a building/area/door  
 Change cardholder information (BUT NOT NAME)

All students/sessionals must pay a refundable deposit prior to issuing card

All cards will be picked up at Laboratory Office

~~Section 1 (This section is to be filled out by requester)~~

**Applicant's Detail Information**

Name : \_\_\_\_\_

Matrix/Staff No. : \_\_\_\_\_

Department : \_\_\_\_\_

Position : \_\_\_\_\_

Contact No. : \_\_\_\_\_ Email: \_\_\_\_\_

Request Date : \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

This card should begin working: (From) \_\_\_\_\_ (Expire) \_\_\_\_\_

Area/Door Required: Building Name(s) : \_\_\_\_\_

Room# (s) : \_\_\_\_\_

Recommended by;

Approved by;

\_\_\_\_\_  
(Supervisor/ Co-supervisor/ Head of Department)  
Date:

\_\_\_\_\_  
(Science Officer/Asst. Director)  
Date:

*\*Note: Please keep 1 copy for your reference*

- CC  Lab Coordinator  
 Lab Asst (in charge)

**Section 2 (Receipt and return acknowledgment)**

**Receipt Item(s)**

Issued by (Name, Initial & Date) : \_\_\_\_\_

Receipt by (Name, Initial & Date) : \_\_\_\_\_

**Return Item(s)**

Returned by (Name, Initial & Date) : \_\_\_\_\_

Receipt by (Name, Initial & Date) : \_\_\_\_\_