# ALC Library after-hours access form

This form is to be used to apply for a security access swipe card for accessing the ALC Library 24 hour study zone. Access to this area is a privilege and is to be used with respect.

Access must be applied for per academic year.

To get an access card this form is to be submitted to the Business Manager for approval ([business@alc.edu.au](mailto:business@alc.edu.au)).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant details | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | |
| **Address** | |  | | | | | | | | | |
| **Phone number** | |  | | | | | | | | | |
| **Email** | |  | | | | | | | | | |
| Your relationship to ALC | | | | | | | | | | | |
|  | ALC student | | |  | ALC staff member | | |  |  | | |
|  | Other *(please specify)* | | |  | | | | | | | |
| Conditions of access | | | | | | | | | | | |
|  | I am a member of the ALC Library. | | | | | | | | | | |
|  | I have read the [ALC Library Use Policy](https://www.alc.edu.au/assets/library/ALC-Library-Use-Policy.pdf) and agree to abide by the rules therein. | | | | | | | | | | |
|  | I have read the ALC [Acceptable use of ICT resources policy](https://alc.edu.au/assets/policy/Acceptable-use-of-ICT-resources-policy.pdf) and [Acceptable use of ICT procedures](https://alc.edu.au/assets/policy/Acceptable-use-of-ICT-procedures.pdf) and agree to abide by the rules therein. | | | | | | | | | | |
|  | I agree to follow the [ALC Library Service Charter](https://www.alc.edu.au/assets/library/ALC-Library-Service-Charter.pdf) in accessing the library after-hours. | | | | | | | | | | |
|  | I agree to return the swipe card upon cessation of need for access | | | | | | | | | | |
| Signature | | |  | | | Date | | | |  | |
| Business Office use only | | | | | | | | | | | |
| Date form received | | |  | | | | | | | | |
| Access decision | | |  | | | | | | | | |
| Reasoning | | |  | | | | | | | | |
| Determined by | | |  | | | | Date | | | |  |
| Applicant informed of access decision | | |  | | | | | | | | |
| Date CISA access card given | | |  | | | | CISA card expiry date | | | |  |
| Name on AH register | | |  | | | | Processed by | | | |  |