



Access Rights Requisition Form

Personal Particulars - To be completed by the applicant			
Full Name (in English):	_____		
Staff/Student Library No (if any):	_____		
Email:	_____		
Telephone:	_____		
Reason for the application:	_____		
Request Particulars - To be completed by the applicant			
Room (please specify):			
Required period:			
Endorsed by supervisor			
Supervisor name:	_____		
Signature:	_____		
Date:	_____		
Approved by Dr. LEUNG Chi Wah, Dennis (@CD625)			
Signature:	_____		
Declaration <<Please tick the box after read the below notes>>			
<input type="checkbox"/> We have read the notes below and agree to comply with the policies and regulations. <ol style="list-style-type: none"> 1. This form should be completed with signatures (Both supervisor and Dr. LEUNG Chi Wah, Dennis). 2. The temporary card should be return to Ms. Henrietta Ho at room FJ705 after use. 3. AP reserve the right to change the access room and access time. 4. The completed form should be sent to Ms. Henrietta Ho at room FJ705. 			
For office use only			
Activated date:	_____		
Temporary card no.:	_____		
Remark:	_____		