



## IOHUMC Facility Access Request Form

Kindly notify the Facilities Manager of any changes to your name, email address, or mobile phone number to ensure accuracy of the ALTA Access system.

*\* Please complete every field. \**

\*Name of individual requesting ALTA access: \_\_\_\_\_

\*Email address (user ID): \_\_\_\_\_

\*Mobile phone: \_\_\_\_\_

\*Purpose(s) for access request [aka ALTA Access Group(s)]:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Requested Start Date: \_\_\_\_\_ \*Requested End Date: \_\_\_\_\_

*By signing this request form, I agree to receive an assigned four-digit PIN via email, to be the sole user of this PIN, and that I will not share my PIN with others or provide my assigned PIN to any other person or group for the purpose of accessing IOHUMC facilities.*

\*Recipient's Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

### **FOR IOHUMC OFFICE USE ONLY**

Approved date: \_\_\_\_\_ Denied date: \_\_\_\_\_ Denial reason: \_\_\_\_\_

By IOHUMC Staff Member: \_\_\_\_\_ Title: \_\_\_\_\_

Assigned PIN: \_\_\_\_\_ Date Activated: \_\_\_\_\_ Date Deactivated: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_