

Appeal Form
Building/Facility Access Administrative Committee

Date of Request:	Employee Email:	Phone:	Job Title:
Last Name:		First Name:	
Reason for appeal (Check one): Appeal a fee I've been charged: _____ Loss of Access Privileges: _____ Other*: _____		*If Other please explain	
Please provide specific information which supports your appeal:			

Please note:

1. Please review the [Access to and Security of Buildings Policy 5.3](#) before completing the appeal. Lack of knowledge or understanding of the requirements of a key/EDA device holder does not constitute grounds for an appeal.
2. Any information found to be false will result in an automatic denial.
3. Appeals that contain inappropriate, crude, or threatening language will not be considered.
4. The decision of the Building/Facility Access Administrative Committee may be reviewed, upon request, by the vice president of finance and operations. Any decision of the vice president of finance and operations is final.

Return form to: und.facilities@und.edu
 Or mail: Stop 9032