



Masjid Al-Salam

Access Card Authorization



Form Filled on: _____

Access Card #: _____

Card Created on: _____

First Name: _____ Last Name: _____ Phone#: () _____ - _____

Address: _____

Email address: _____

ISGH Membership/Checkomatic: _____ (Y/N) write "YES" if either or both are applicable.

VALID PHOTO ID REQUIRED

By signing this document, I acknowledge receipt of the above listed key/key card(s) and understand that the key/key card(s) assigned to me may not be duplicated, destroyed, or otherwise tampered with. I also understand and agree to bear the cost of a replacement card in the unlikely event the original card is lost or stolen.

I understand that all key/key card(s) provided to me are to be returned to the Office of Security at the requested time or as part of my exit process. Al-Salam management/Office of security reserves the right to confiscate or deactivate RFID cards for any misuse or unauthorized access.

I understand that failure to pick up my RFID card in a timely manner will result in both my card and application being discarded after 2 weeks (14 days). I agree to fill out another form and bear the cost of any additional cards requested in the event I fail to pick up my original card in a timely manner.

I understand that my RFID card will only be available for pickup on Sunday-Saturday **AFTER 3PM.**

Administrator Signature

Card holder Signature