

SECURITY CARD ACCESS SYSTEM

To provide greater security to our students, faculty and staff, Saint Louis University School of Law has installed a security card access system for evening and weekend access. During normal business hours (Mon. -Fri.), the School of Law and the Omer Poos Law Library will remain open.

Individuals who are associated with Saint Louis University, i.e., alumni, adjunct professors, WU Law students or special guest, may request access to the School of Law/Omer Poos Law Library (Mon.-Thur. after 6 p.m. to Midnight, Fri. 6 p.m. to 8 p.m., Sat. 9 a.m. to 8 p.m.; and Sun. 9 a.m. to Midnight) will, need to have a **SLUcard**. These cards are free and can be obtained by completing the form below and sending an electronic photo (.jpg file format required). The form should be returned to Saint Louis University School of Law, 3700 Lindell Blvd., St. Louis, MO 63108 **Attn: Dianne Morris**. Photos can be e-mailed to: **IDphoto@law.slu.edu**. Cards can be obtained in person, at Parking and Card Services (DuBourg Hall Rm. 33 – Mon.-Fri. 8:30 a.m. to 5 p.m./Wed. 8:30 a.m. to 5:30 p.m.). Card access to the School of Law is available at the Vincent C. Immel Atrium entrance only. If approved, SLUcards will be processed and mailed within 5-10 working days. There is a \$10 fee for a replacement card (lost/stolen). Damaged cards that are returned are replaced at no charge. For more information, call Parking and Card Services at (314) 977-3465. Guest cards will be valid through December 15 in the year in which they are issued.

SLUCARD

SAINT LOUIS UNIVERSITY SCHOOL OF LAW ID CARD REQUEST FORM

Applicant to complete:

Card Type (check one): 1st Card Lost/Stolen Damaged Information Change
Classification (check one): Alumni Special Guest** (Attorney or WU Law Student)

Applicant's Name: _____ Graduation Year (If applicable): _____

Address: _____ Phone #: _____

File Name of Electronic Photo Provided: _____

** Social Security # necessary for guest cards. SS #: _____

Please attach a photo copy of a current, valid Bar card or a Washington University Law Student ID card.

Signature*: _____ Date: _____

** I certify that the information I have provided is correct and agree to notify Parking and Card Services immediately should this card become lost or stolen. I understand that any misuse of the SLUcard including making it available to any other person, could result in revocation of access privileges.*

School of Law to complete:

Approved Classification (check one): Alumni Guest

ID #: _____ Expiration Date: _____

Approved By*: _____ Date: _____

** I certify that the information provided is correct and have verified that the person listed is entitled to receive this identification card. I will notify Parking and Card Services if the status of the applicant changes such that this person is no longer entitled to the use of this SLUcard and the privileges associated with it.*