Campus Visitor Request Form

While we continue to monitor access to campus, we also recognize that there are many important teaching or research activities that are dependent on having individuals who are not employees of UW attend campus for classes, lectures, research meetings, co-curricular and other research and teaching related activities. It is essential that all approved visitors be fully vaccinated and follow the vaccine policy https://www.uwinnipeg.ca/institutional-analysis/docs/policies/vaccine-policy.pdf. Requestors will be required to coordinate the logistics (approval process and obtaining visitor passes) for individuals they invite. The Academic Covid Recovery Response Planning Team (ACRPT) will vet all requests before being approved by the Operations Response Team (ORT).

Requestor Name:

Department/Facu	lty:
Email Address:	Phone #:
Date(s)/Time of V	/isit:
Name of Guest(s)):
Building(s):	Room Number(s):
Reason for Visit:	
Attestation:	
I confirm and veri	fy as true that:
` '	subject to the guiding principles and preventative measures in the UW phased approach to the re-opening uring COVID-19.
If approved, and safety prints	I (we) will do our best to ensure that staff and participants will follow all UW COVID-19 access to buildings rotocols.
	and to your supervisor (Dean / Director / Executive Director / Associate-VP or VP) with the subject line
"Request for Build	ding Access for Visitors." Approval process will follow.
under the University	n on this form is collected to approve and maintain a record of those persons permitted to be on campus. It is collected of Winnipeg Act and 36(1)(b) of the Freedom of Information and Protection of Privacy Act. Questions regarding privacy be Information and Privacy Officer, 515 Portage Avenue, Winnipeg, MB R3B 2E9 or 204.988.7538 or g.ca.
Approval:	
Supervisor (Depa	rtment Chair/Dean/Director):
ACRPT/VP:	