# 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/Faculty: _____

Email Address: _____ Phone #:_____

Date(s)/Time of Visit: _____

Name of Guest(s): _____

Building(s): _____ Room Number(s): _____

Reason for Visit:

_____

_____

## Attestation:

I confirm and verify as true that:

- I (we) will be subject to the guiding principles and preventative measures in the UW phased approach to the re-opening of facilities during COVID-19.
- If approved, I (we) will do our best to ensure that staff and participants will follow all UW COVID-19 access to buildings and safety protocols.

Save form and send to **your supervisor** *(Dean / Director / Executive Director / Associate-VP or VP)* with the subject line "Request for Building Access for Visitors." Approval process will follow.

*Personal information on this form is collected to approve and maintain a record of those persons permitted to be on campus. It is collected under the University of Winnipeg Act and 36(1)(b) of the Freedom of Information and Protection of Privacy Act. Questions regarding privacy can be directed to the Information and Privacy Officer, 515 Portage Avenue, Winnipeg, MB R3B 2E9 or 204.988.7538 or da.elves@uwinnipeg.ca.*

## Approval:

Supervisor (Department Chair/Dean/Director): _____

ACRPT/VP:_____