

**Please print**

Date \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Ext. \_\_\_\_\_

**Please check one**

Staff Full-time

Part-time

Student # \_\_\_\_\_

Staff ID # \_\_\_\_\_  
(Banner ID) (9 digits)  
(mandatory)

**Card requested**

**DO NOT WRITE IN THIS AREA**

Campus

Room

Access times

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Temporary issue until: \_\_\_\_\_

I understand that the card(s) issued to me is/are my responsibility, will not be loaned to others and will be returned when no longer required. I also understand that I may be responsible for the replacement cost of card(s) that are lost or stolen.

**Lost or stolen cards must be reported to the Security Office IMMEDIATELY.**

Applicants signature: \_\_\_\_\_

Signature of person responsible for campus or room: \_\_\_\_\_ /Please Print Name \_\_\_\_\_

Card received by: \_\_\_\_\_

**DO NOT WRITE IN THIS AREA**