

## **CARD ACCESS CONTROL REQUEST FORM**

## Complete the Yellow Shaded Areas

			_	
CARD INFORMATION		CONTACT INFORM	IATION	
Date of Request:		Campus Sponsor:		
Start Date:		Card User Name:		
Expiration Date:		Organization:		
Card Number Issued		Phone No:		
		Address:		
Card Returned 📮	initials	Driver license #:		
date	Please note: Campus S <sub>l</sub>	ponsor is respon	sible for the collection and return of cards.	
CARD ACCISC CONTROL PROLIFET FORM DISCLAUAFR				
CARD ACCESS CONTROL REQUEST FORM DISCLAIMER  CARD USER AGREEMENT SECTION				
I;signed out the SUNY Fredonia Door Access Card(s) listed above, and I understand that I am responsible for the proper usage of said cards and that I am responsible for their return to				
SUNY Fredonia on or before the above mentioned expiration date.				
				Please note: All cards will expire annually and need to
				be reactivated for security
Card User Signature Date				
BUILDING(S) REQUESTING ACCESS TO (check all that apply)				
Alumni Hall		ssom		McGinnies
Alumni House	☐ He	mingway		Nixon
Carnahan Jackson	☐ He	ndrix		Reed
Chautauqua	☐ Igo			Science Technology
Children's Center	☐ Inc	ubator		Schulz
Computer Center, Maytun	n 🗖 Jev	vett		Storage Facility-General
Disney		sling		Storage Facility-Props
Eisenhower	☐ Ma			- 1
Erie Dining	☐ Ma			<b>-</b>
☐ Gregory	□ Мо	:Ewen		21-230 Key
SUNY FREDONIA CARD ISSUING AUTHORITY:				
NAME: Mike Jackino		DEPT	Faciliti	es Services
<del></del>				
SIGNATURE:DATE				