



Building Access Coordinator Authorization Form

Instructions

1. This form is available online at www.fredonia.edu/fredcardDooraccess.asp
2. Submit this completed form to your department Chairperson/Head/Director and the appropriate Divisional Vice President for their *required* authorization.
3. Please return completed form to the ResNet Office - 154 McGinnies Hall. Thank you

Agreement

I _____ agree to be responsible for the following duties as an authorized

Building Access Coordinator (BAC):

1. I will attend any annual training offered by the ITS ResNet Office.
2. I will utilize the online **Campus Access Control Request Form** for all card access and door schedule requests.
3. I will serve as the primary point of contact for all requests pertaining to the physical doors assigned to me below which can include requesting FREDCard access control provisioning and deprovisioning clearance codes, approving clearance codes, door schedules that unsecure/or secure buildings/doors and access control functionality for assigned doors within my building(s)(e.g. alarms).
4. I acknowledge that I have read and will abide by the University's [Policy 024: Keys and Campus Access Control Policy](#)
5. I will notify the ITS ResNet Office of any change in my employment at the University that would necessitate the removal of these responsibilities.
6. I will utilize the ITS incident management system, Fredquest or resnet@fredonia.edu to report a system or service issues.
7. In case of an emergency (unsecured area), I will telephone the University Police at 673-3333 during non-business hours and the ITS ResNet Office at 673-3668 during business hours.

Assigned Building(s) and Door(s)

Authorizations

Print Employee Name: _____ Fredonia I.D.: _____
 Department: _____ Email: _____ Local Phone: _____

Employee

Signature: _____ **Date:** _____

Print Department

Chairperson/Head/Director: _____

Signature of Department

Chairperson/Head/Director: _____ **Date:** _____

Print Divisional Vice

President _____

Signature of Divisional Vice

President _____ **Date:** _____