

CARD ACCESS CONTROL REQUEST FORM

Complete the Yellow Shaded Areas

CARD INFORMATION CONTACT INFORMATION			
Date of Request:	Campus S _l	oonsor:	
Start Date:	Card User	Name:	
Expiration Date:	Organizati	on:	
Card Number Issued	Phone No	:	
	Address:		
Card Returned 🚨	Driver lice	nse #:	
date i	nitials Please note:	Campus Sponsor is respo	nsible 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.			
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			be reactivated for security
Card User Signature Date			
BUILDING(S) REQUESTING ACCESS TO	(check all that apply)		
☐ Alumni Hall	☐ Grissom		McGinnies
Alumni House	Hemingway		Nixon
Carnahan Jackson	Hendrix		Reed
Chautauqua	☐ Igoe		Science Center
Children's Center	Incubator		Schulz
Computer Center, Maytum	Jewett		Storage Facility-General
Disney	Kasling		Storage Facility-Props
Eisenhower	Mason		- I
Erie Dining	Maytum		University Commons
☐ Gregory	☐ McEwen		21-230 Key
SUNY FREDONIA CARD ISSUING AUTHORITY:			
NAME: Tim Bentham		DEPTFacilit	ies Services
SIGNATURE:DATE			