

HSC Card Access Request

RECIPIENT

Name: _____

R#: _____ Date of Birth (only if you do not have an R#): _____

Title: _____

Department: _____

School or Company name if applicable: _____

Telephone number: _____ E-mail: _____

Status: ___ student ___ faculty ___ staff ___ volunteer ___ intern
 ___ guest student ___ vendor ___ contractor

Effective date _____

Expiration date _____ (duration cannot exceed 12 months for non-students/faculty/staff)

Requested access locations: _____

If this is your first time applying for door access on HSC you must provide a current head shot photo. Your face must be visible – no sunglasses, hats or anything else that blocks the view of your face is allowed in the photo.

Photo: ___ Please use my existing photo (must be on file). ___ I will furnish you with a photo.

AUTHORIZER – Must be a director, manager, supervisor, or director’s designee

Name: _____ R# _____

Title: _____

Department: _____

Office phone: _____ Alternate phone: _____

E-mail (must be a UTAD email address): _____

*Once you have completed this form, you must save a copy of it to your computer. The **authorizer** will then need to email that completed copy, along with the recipient’s photo, to:*

HSCCardAccessRequest@utoledo.edu