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# SUNY College at Oneonta

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Office of Facilities Planning and Safety

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## Card Access Request Form

1. Click in the appropriate box below and type in the information.
2. Save a copy on your computer
3. Print a copy and have the Department Chair/ Unit Director sign.
4. Mail it to Norman Payne, B217 Milne Library

Requesting Department: \_\_\_\_\_

Name	Title	Building	Room*	F/P*	End date	Purpose*

\*Room- special rooms with card access in building

\*F/P- full time or part time

\*Purpose  
1= Office in building  
2= Classes in building  
3= Classes in Special Facilities  
4= Dept. Office in Bldg.  
5= Other (please specify)

Routing Approval:

Department Chair/Unit Director Approval: \_\_\_\_\_

VP/Designee approval (in consult with appropriate Building Administrator): \_\_\_\_\_

Card Access Administrator Verification: \_\_\_\_\_