SUNY College at Oneonta

Office of Facilities Planning and Safety

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: _____