

ACCESS REQUEST FORM

**Please return to Card Services
in person, via the internal mail or fax to 8303 8096**

Faculty / School / Department..... Campus.....

Please indicate reason code on the table below:

- V** Visitor Access Card (\$10)
- V2** Replacement Visitor Card (\$10)
- S** First University Staff / Student ID Card (\$20 or free if full-time permanent staff or enrolled student)
- S2** Replacement University Staff / Student ID Card (\$20)
- R** Re-activation of Access (existing cards)
- D** De-activation of Access

Please indicate timezone on the table below:

- | | |
|--------------------------------------|--------------------------|
| 01 24hrs | 07 M-F 0800-1800 |
| 02 M-F 0445-0900 | 08 M-F 1700-2230 |
| 03 M-F 0700-1830 | 09 M-S 0700-2100 |
| 04 M-F 0700-1830 SS 1200-1730 | 10 M-SS 0800-2200 |
| 05 M-F 0700-2100 SS 0900-1700 | 11 Sat 0600-1230 |
| 06 M-F 0730-1800 SS 0900-1700 | 12 Wed 1800-2000 |

To be Completed by the Authorised Access Control Delegate ONLY						Card Services Use	
Surname	First Name	Student/Staff Number	Reason Code	Access Level	Time Zone	Price per Card	ASCO Number

The following section must be completed in lieu of an internal transfer form (but should not be completed for the re-activation or de-activation of existing cards.

Delivery Method (please circle):	Card holder to pick up / Forward in internal mail to
Account to Charge:	UNIAD 3015

Name of Authorising Delegate: _____ Contact Number: _____
 Signature of Delegate: _____ Date: _____

Card Centre Use Only:	
Card request completed:	Staff identification: