

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 Departmental Access Card (\$10)
- V1** Visitor Photo Access Card (\$10)
- V2** Replacement Visitor Access Card (\$10)
- C** Co-Location Access Card - AWRI, CSIRO, DWLBC, PIRSA or SARDI (\$11)
- C2** Co-Location Replacement Access Card (\$11)
- S** First University Staff / Student ID Card (\$20 or free if full-time permanent, fixed term, title holder 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 | 11 M-F 0800-2100 |
| 02 M-F 0000-0900 | 12 M-F 1700-2230 |
| 03 M-F 0430-1700 | 13 M-F 1700-2300 |
| 04 M-F 0700-1830 | 14 M-Sat 0700-2100 |
| 05 M-F 0700-1900 | 15 M-SS 0400-1900 |
| 06 M-F 0700-1900 Sat 1000-1600 | 16 M-SS 0600-2400 |
| 07 M-F 0700-1830 SS 1200-1730 | 17 M-SS 0600-0300 |
| 08 M-F 0700-2100 SS 0900-1700 | 18 M-SS 0700-1900 |
| 09 M-F 0730-1800 SS 0900-1700 | 19 M-Th 1800-2000 |
| 10 M-F 0800-1800 | |

To be Completed by the Authorised Access Control Delegate ONLY						Card Services Use	
Surname	First Name	Student/Staff Number	Reason Code	Access Level/Group (Building)	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: