THE UNIVERSITY of ADELAIDE

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 1700-2300
03	M-F 0430-1700	**13**	M-Sat 0700-2100
04	M-F 0700-1830	**14**	M-SS 0400-1900
05	M-F 0700-1900	**15**	M-SS 0600-2400
06	M-F 0700-1900 Sat 1000-1600	**16**	M-SS 0600-0300
07	M-F 0700-2230 SS 1200-1730	**17**	M-SS 0700-1900
08	M-F 0700-2100 SS 0900-1700	**18**	M-SS 0800-2200
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 3115 ……..……

Name of Authorising Delegate: _____ Contact Number: _____

Signature of Delegate: _____ Date: _____

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