

# HOWARD COMMUNITY COLLEGE

Dept./Div.:

## Access Card Request/Issuance (PLEASE TYPE/PRINT)

Name:

Last

First

Initial

Tel. Ext:

### PLEASE READ CAREFULLY

In order to fulfill my responsibilities, it is requested that the below listed access card and level(s) be issued to me. It is understood that when the access card is no longer needed, it will be returned to Public Safety. I also understand my responsibility for the proper use and care of the access card issued to me and that my responsibility extends to the equipment contained in the area opened. If I lose the access card, I agree to immediately report the loss to security. Upon termination of my employment, the access card must be returned prior to receiving my final paycheck. **UNDER NO CIRCUMSTANCES WILL THE ACCESS CARD BE GIVEN TO UNAUTHORIZED INDIVIDUALS.**

### ACCESS CARD AND LEVEL(S) REQUIRED

BUILDING	ROOM NO.	ACCESS CARD NO.	LEVEL(S) OF ACCESS
	EXTEND UNLOCK DOOR PROGRAMMING OPTION	YES (Swiped Door will remain open based on the door programmed scheduled)	NO (Swiped door will be locked as soon as door is closed)

Signature:

Date:

### APPROVAL SECTION

In all cases, approval by the immediate supervisor is required to authenticate the need. When an access card is requested for an area under another department head or division, then approval must also be obtained.

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Supervisor

Date

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Department Head/Division Chair (if required)

Date

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Security

Date

### SIGNATURES

Card Received \_\_\_\_\_  
Signature Date

Issued By \_\_\_\_\_  
Signature Date

Card Returned \_\_\_\_\_  
Signature Date

Received By \_\_\_\_\_  
Signature Date