ANGELO STATE UNIVERSITY
Request for Access to CS Gold

Section 1 - USER INFORMATION

Instructions: 1) Fill in Sections 1 & 2 and print the form. 2) Obtain proper authorization in Section 3. 3) Forward the form to the OneCard Office for activation.

Employee ________________________________ Date ____________________

Last   First   MI

Campus ID ____________________________ Title ____________________________ Department ____________________________

All users MUST have an ASU Technology Access Account (TAA) and an OneCard Patron Account before being granted access to CS Gold. If the employee does not have an ASU TAA, the supervisor or department head should request one using the “Request Form for New Employee” available at https://www.angelo.edu/account-request.

ASU TAA (i.e., ASMITH)

Type of Access

☐ New Account  ☐ Revised Access  ☐ Delete Access

Employee Status:

☐ Staff  ☐ Faculty  ☐ Student  ☐ Other ____________________________

Type of Position:

☐ Permanent  ☐ Part-Time/Hourly  ☐ Temporary (e.g., Temps, students)

* If moving to another department, enter your current title and department at the top of this section and specify your new title and department here.

New Title ____________________________ New Department ____________________________

Section 2 - TYPE OF ACCESS REQUESTED

List CS Gold Related Departmental Job Duties as needed (DO NOT ASK TO COPY ANOTHER USER):

Type of Access

☐ General  ☐ Access Management  ☐ Reports

☐ Photos  ☐ Alarms  ☐ Other ____________________________

Section 3 – AUTHORIZATION

Access to CS Gold must be authorized by an employee’s supervisor (Director/Department Chair/Dean). By signing below, the supervisor certifies that the access requested is required to carry out the responsibilities of this employee’s position and that the OneCard Office will be notified if the employee’s duties change during the course of his/her employment at Angelo State University.

_________________________________________  ____________________________________________  ____________________
Signature of Supervisor  Printed Name  Phone

For OneCard Use Only:  Date Completed ____________________________  Initials ____________

For help completing this form, contact the OneCard Office. Phone: 325-942-2331. Email: onecard@angelo.edu. This form may be sent through the approval process by FAX. FAX number is 325-942-2240. Requesting department should retain a copy for their records.

Last Revised 1/26/17