ANGelo STATE UNIVERSITY
Vendor Request for Access

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.

Requestor ___________________________ Date ___________________________
Last ___________________________ First ___________________________ MI
Company Name ___________________________ Job Title ___________________________

Section 2 - TYPE OF ACCESS REQUESTED

List Buildings (i.e. Residence Halls or specific areas or locations) and times that access will be required (i.e. 8-5, M-F, workday, weekends, or 24/7). (DO NOT ASK TO COPY ANOTHER USER):

Building ___________________________ Area(s) ___________________________
Schedule Needed ___________________________
Start Date ___________ End Date ___________

Vendors and Contractors will be required to check out a card from the OneCard Office for any work that requires access to any building with an electronic door access system. A picture ID will be required when picking up cards. Vendors/Contractors will also be required to return the card to the One Card Office at the end of the requested timeframe. All lost cards shall be reported to One Card Office by emailing onecard@angelo.edu

Section 3 - AUTHORIZATION

Vendor/Contractor access to CS Gold must be authorized by a departmental supervisor (Director/Department Chair/Dean). By signing below, the supervisor certifies that the access requested is required to carry out the responsibilities of this Contractor/Vendor and that the OneCard Office will be notified if the Contractor/Vendor duties change during the course of their requested access dates.

Signature of Supervisor ___________________________ Printed Name ___________________________ Phone ___________________________
Number

For OneCard Use Only: Date Completed ___________________________ Initials ___________________________

Last Revised 2/16/17