ANGELO STATE UNIVERSITY
Door Access Request Form

Instructions: 1) Fill in Sections A and C.
2) Optional-Fill in Section B only if access is for a specific group.
3) Print the form.
4) Obtain proper authorization in Section D.
5) Forward the form to the OneCard Office for activation.

Section A - USER INFORMATION

Requestor ___________________________ Date ___________________________
Last        First        MI
CID ___________________________ Job Title ___________________________

Section B – GROUP INFORMATION

Optional-This section is to be filled only if access is needed for a specific group.
If Access needed is for a Group, please specify Group’s Name ___________________________
Reason for Group’s Access _______________________________________________________

Section C - 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 Requested ___________________________
Start Date ___________ End Date ___________ Reason for Access _______________________________________________________

Staff/Faculty needing door access for doors not in their area need to complete the request form. Once approval is received by the Manager of the requested doors, the access will be added to the staff/faculty’s ID.

Section D – AUTHORIZATION

Door access for faculty/staff is authorized by the requested departmental supervisor (Director/Department Chair/Dean/Door Manager). By signing below, the supervisor approves the access requested and certifies that the OneCard Office will be notified if the staff/faculty changes duties during the course of their requested access dates.

Signature of Approval ___________________________ Printed Name ___________________________ Phone Number ___________________________

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 9/27/17