



ANGELO STATE UNIVERSITY
Vendor Request for Access

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.

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

A 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 _____