ANGELO STATE UNIVERSITY
Door Access Request Form

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.

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 _____

Last Revised 9/27/17