

## Card Holder Info

Please use *complete, legal name.*

ID Number

Classification

Last Name

First Name

Middle Name

Email Address

Department

Sub-Grouping

## Departmental Originator Info

Last Name

First Name

Email Address

Phone:

## Action

- Add Access
  Remove Access  
 Deactivate Card

Please specify Access Plans

Building Access Group

No Access

General Fac/Staff Plan

Are you a BAC for this Building Access Group?

- Yes
  No

Custom Request

*Setting an Active End Date disables the users card at 11:59PM of the date selected.*

Active Start Date

Active End Date

*If no Active End Date is selected, an Authorization Form will need to be submitted to deactivate a users card*

## Approval

BAC Signature

Date

To be completed by One Card Office

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_