

Soc. Sec. # _____ Card Number _____

ACCESS CARD REQUISITION

Type or Print Name of Person Requesting Key

Access for Building _____

Access for Room _____

Type or Print Name of Department Head

Name of Department

Signature of Department Head

Department Phone Number

RECIPIENT

THIS ACCESS CARD IS RECEIVED WITH THE UNDERSTANDING THAT IT WILL NOT BE LOANED OR TRANSFERRED TO ANY OTHER PERSON. ACCESS CARD MUST BE RETURNED TO OUHSA BIOMED SHOP IN THE SERVICE CENTER BUILDING, ROOM 135.

If access card is lost, please call extension 2155.

(Signed) _____ Date _____

Person Receiving Card Access Card