

BADGE ACCESS REQUEST FORM

ISSUED TO: _____

EMAIL: _____

ACCESS GROUP REQUESTED _____

OR

DOOR ACCESS REQUIRED _____

By submitting this form, I accept responsibility for the badge access rights issued to me. I understand that as my job responsibilities change, my badge access rights may be changed. I agree not to lend my badge to anyone, and to report loss of my badge immediately to my department's badge access manager. I understand I may be charged a lost badge fee.

DATE: _____

Recipient Signature _____

Supervisor Signature _____

(Director or above for "All Access" group or Data Center access, Manager or above for all other access requests)

Internal use only: Date requested _____