



Disable, Remove Access, Report Lost Access Card

First:	<input type="text"/>	Last:	<input type="text"/>
Employee Office Location:	<input type="text"/>	Department:	<input type="text"/>
		Employee #:	<input type="text"/>
Card #:	<input type="text"/>		

Request to:

Please specify the access to be removed:

Appointed Authority:

☐ Check here if you would like a copy of this form sent back to you.

Appointed Authority:

Appointed Authority:

BGS Use Only	
Access Card Number:	<input type="text"/> Action/Date: <input type="text"/>
Programmed by:	<input type="text"/>