



Request for NEW Access/ID Badge OR Reactivation

First: Last:

Employee Office Location: Preferred Mailing Address:

Employee #: Department:

E-Mail: Phone #:

Employment Status:

Card Type: Purpose:

Please specify the building and department of the access being requested or reason for reactivation.

Hours Requested:

Appointed Authority:

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

Appointed Authority:

Appointed Authority:

Form Prepared By:

BGS Use Only

Access Card Number: Void:

Programmed by: