



## Disable, Remove Access, Report Lost Access Card

First:  Last:

Employee Office Location:  Department:

Employee #:

Card #:

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:  Action/Date:

Programmed by: