# SANTA ROSA JUNIOR COLLEGE ACCESS CONTROL CARD REQUEST

DATE OF REQUEST_____ SSN# (Last four digits)_____
(Request cannot be processed without SSN#)

EMPLOYEE NAME (Print)_____ Ext.____ Dept._____
**(Mail Box)**

EMPLOYEE STATUS: __Full-Time __Part-Time __Certified __Classified

Building Name (Where Card Will Be Used)_____

Group Level _____

Days_____ Times_____ Dates of Access_____ (Fall, Spring, Summer)

**Lost/Stolen/Found Door Access Control Cards:** Any lost, stolen and/or found door access cards must be immediately reported to District Police. When you report your access card lost/stolen, it can then be easily deactivated and a new card can be issued to you. You are responsible for any unauthorized use of card.

APPROVED BY: _____ _____ _____
(Dept Chair's Signature) (Print Name) (Date)

_____ _____ _____
(Supervising Administrator) (Print Name) (Date)

----------**OFFICE USE ONLY**----------

**Access Control Card Req#** af_____ **Card #**_____ **Employee #**_____

| Card Reader # | Day | Time | Date (Fall, Spring, Smmer) |
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**Dist: White-Facilities, Pink-Employee Notification, Yellow-Signature Page, Goldenrod-District Police**