

## Access Control / Identification Application

Program description: The information on this application will be used for the sole purpose of creating the card and showing access authorization. The card created from this form can be used to show affiliation with UCSB as well as open authorized keyless locks. Valid identification is required to assure the card is issued in a legal name. The digitized photograph and signature are printed on the card so that ownership can easily be verified.

***The following is to be completed by the employee (type or print legibly):***

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

UCSB **employee number** (9 digits long starting with 8), **PERM number** or if not affiliated then a government issued **identification number** and description of the ID: \_\_\_\_\_

Recharge Account # \_\_\_\_\_ \$15 Access & Identification, \$10 Identification Card only, \$10 replacement fee for either

Applicant Is:  Undergrad  Grad  Post Doc  Academic  Staff  Guest  Contractor

UCSB Department (employed by or visiting): \_\_\_\_\_

I currently have a card and am requesting additional access.

Notice: Use of this card is for business purposes only. The issued card is the property of the University and must be returned upon demand. Suspected loss and or theft of the card shall be reported to the applicant's supervisor and University Police as soon as practical. Your signature below asserts that to the best of your knowledge the above is true and correct.

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_

***The following is to be completed by the Department Head/Chair:***

The above applicant is entitled to access the following locations via electronic means.

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Core Campus Readers 24/7	<input type="checkbox"/> Identification Only (no access chip)

This applicant needs emergency access to campus: Yes  No

Justification for emergency access: \_\_\_\_\_

Department Head/Chair printed name: \_\_\_\_\_

Department Head/Chair authorizing signature/Date: \_\_\_\_\_

Chief of Police emergency access approval Yes  No

Chief of Police Signature/Date: \_\_\_\_\_

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Police Use Only

Card Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Card Expiration: \_\_\_\_\_ Access Expiration: \_\_\_\_\_