EOHSI Building Access Form

Name: _____ Title: _____

EOHSI Division: _____

Phone: _____ E-Mail: _____

Status: ☐ **Faculty** ☐ **Staff** ☐ **Graduate Student**

Requesting: ☐ **<u>UMDNJ Personnel</u>: Guest Access Card**
(requires last 4 digits of SS # in the space below)

_____

☐ **<u>Rutgers Personnel</u>: Programming of RU Connection Card**
(Faculty/Staff - requires full Social Security # in the space below)
(Student requires - RU ID # imprinted on the front of card in the space below)

_____

Your signature below indicates your acceptance of the following conditions:

- **This card is for your use only and may not be lent to others.**
- **Lost guest cards require a $25.00 replacement fee.**
- **Lost Rutgers Connection Cards must be replaced through the RU Connection Card office located in the Busch Campus Center.**

Card Holder: _____
signature date

Supervisor: _____
signature date

Director of Administration: _____
signature date

<u>For EOHSI Use Only</u>:

Card #: _____

Access Level: _____