EOHSI Building Access Form

Name: __________________________ Title: __________________________

EOHSI Division: __________________________

Phone: __________________________ E-Mail: __________________________

Status:  □ Faculty  □ Staff  □ Graduate Student/Fellow

□ Undergraduate Student  □ Other __________________________

Requesting:  □ Programming of RU Connection Card
(Faculty/Staff/Student: requires NetID)

NetID: __________________________

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 Rutgers Connection Cards must be replaced through the RU Connection Card office located at ASB II, 57 Route 1 South, New Brunswick, NJ (Cook Campus).

Card Holder: __________________________________________________________

Signature  Date

Supervisor: __________________________________________________________

Signature  Date

Director of Administration: _____________________________________________

Signature  Date

For EOHSI Use Only:

Card #: __________________________________________________________

Access Level: ________________________________________________________