RUTGERS HEALTH
Environmental and Occupational Health Sciences Institute

EOHSI Building Access and Key Request Form

Name:_____ **Title:** _____

EOHSI Division: _____

Phone:_____ **E-Mail:**_____

Status (circle):

Faculty	Staff	Undergraduate Student	Graduate Student/Fellow	Other (Specify) _____

Requesting:

☐ **Programming of RU Connection Card:**

Faculty/Staff//Student 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).**

☐ **Key Request:**

Key Type (Desk / File Cabinet	Room #	Quantity

Card/Key Holder: _____
Signature **Date**

Supervisor: _____
Signature **Date**

For EOHSI Use Only:

Card #: _____

Access Level: _____