



Geography 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 # 8-404032-19900-7 (GD700) \$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): Geography

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 MSO as delegated by the Department Chair:

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

- 2610 Ellison Hall (Star Lab) _____ 2616 Ellison Hall (spatial@ucsb lab) _____
- 2620 Ellison Hall (2nd Floor Classroom) _____ 3620 Ellison Hall (Descartes Lab) _____
- 3621 Ellison Hall (3rd Floor Classroom) _____

This applicant needs emergency access to campus: No

Justification for emergency access: _____

Department Chair/MSO printed name: Dar Roberts/Mo Lovegreen

Department Head/Chair authorizing signature/Date: _____

Chief of Police emergence access approval Yes No

Chief of Police Signature/Date: _____

Police Use Only

Card Number: _____ Issue Date: _____ Card Expiration: _____ Access Expiration: _____