FACILITIES AND OPERATIONS
UNIVERSITY OF ALBERTA

Card Request *(Access Control)*

Date: _____

This is a request to encode an **access control or generic card;** this does not give access to any doors. To receive electronic access to a door please complete a Door Access Request form available from the required Department.

Card to be issued for the following person		Department for which the card will be used		
Last Name	First Name	Department	Division	Campus Telephone

☐ One Card Encoding Only

☐ Generic Card Request

☐ Proximity Card Request

If this is a replacement card, please tell us why it is being replaced: _____

Quantity Required: _____

Serial Numbers: _____ to _____

Encoded: _____ to _____

Request From: _____ _____ _____
Last Name / First Name / Department

_____ _____ _____
Division / Campus Address / Telephone

AUTHORIZATION SIGNATURES

Requester's Department Head _____

_____
Signature

Department head in requested area (if different) _____

_____
Signature

Account Number: _____

_____
Authorized Signature for Account

Cost Estimate _____