ETSU Off-Site Facilities
Onity Door Access Authorization Form

Please grant access to:

<table>
<thead>
<tr>
<th>Name</th>
<th>SID #</th>
<th>Expiration Date (required)</th>
<th>Faculty/Staff/Student</th>
</tr>
</thead>
</table>

Check the User Group to which the above individual should be assigned.
You may request assignment to only those doors to which you have the authority to authorize access.

**Baseball Stadium**
_____ Athletics Staff (3 Doors)

**Community Health Clinic**
_____ CHC Administrative Staff (7 doors)
_____ CHC Allied Clinical Staff (7 doors)
_____ CHC Clinical Staff (7 doors)
_____ CHC Clerical Staff (4 doors)
_____ CHC Pharmacy Staff/Nursing Students (3 doors)
_____ CHC Facility Management Staff (4 doors)
_____ CHC OIT Staff (4 doors)

Authorized By (print or type) __________________ Signature ______________ Phone # ______________

Department ___________________________ Position Title ______________ Date ______________

Campus ID Services Office - Campus P.O. Box 70611 - Voice: 9-8316 - Fax: 9-8305 - E-Mail: IDBUCS@etsu.edu