

ETSU Health Sciences Campus Onity Door Access Authorization Form

Please grant access to:

5/7/18

Name	SID #	Expiration Date (required)	Fac/Staff/Student
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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.

___ **ALL AREAS** (ETSU Service Personnel Only)

Medical School/Ed Allen Hall, VA Bldg. #2

___ Family Medicine Storage (24/7)

___ Family Medicine Storage (limited)

Medical School Research & Training, VA Bldg. #119

___ COM DLAR Staff (2 interior Elevators & Brown Hall B34)

___ VA Bldg #119 Fac/Staff (2 interior Elevators)

Brown Hall, Room B34

___ Brown DLAR Lab Staff (1 interior door)

Authorized By (print or type)

Signature

Phone #

Department

Position Title

Date

*Please send this form to the ID Services Office **PRIOR** to sending the above listed individual to have their ID Card encoded for access.*

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