



FITNESS CENTER LOCKER ROOM ACCESS REQUEST
Columbus Campus

Form must be delivered in person to Facilities Management at 407 North Grant Avenue, Monday through Friday, 8:00 am – 4:30 pm. A Valid Cougar ID CARD must be presented when the form is dropped off.

Name: _____ Cougar ID Number: _____
Please print clearly

Email: _____ You will be notified via email if your application is denied.

EMPLOYEES ONLY – Department Name _____

STUDENTS ONLY
Address: _____ City: _____
State: _____ Zip Code: _____ Contact Phone: _____ Secondary Phone: _____

Disclaimer:

- Applicant must be a currently registered student and fees must be paid in full (or on deferment) before access is granted.
• Completion of this application does not guarantee access to the requested area.
• Access can be denied, limited, revoked, or cancelled, at the discretion of the Columbus State Community College, with or without prior notice to the applicant.
• Access to requested area is valid for the current semester only, and during normal Fitness Center hours of operation.
• Access will not be granted during semester break. A new form must be completed in person each semester.

Allow ten business days after receipt by Facilities Management for your application to be processed.

Access Guidelines for Use:

- Applicant is solely responsible for the access (YOUR Cougar ID) card and its use or abuse
• Do not allow anyone to enter the Locker Room with you
• Do not loan or share your access card with anyone, including family or friends

Failure to comply with the rules and regulations of the Locker Room or Columbus State Community College may result in the revocation of privileges. If your card is lost or stolen, notify Facilities Management immediately at 614-287-2424. If you notice suspicious activities, immediately contact the Campus Police Department at 614-287-2525.

My signature below acknowledges that I agree to abide by the Access Guidelines stated above. I further agree that I will abide by the rules and regulations of the Columbus State Community College Fitness Center as they may apply to the issuance and use of this access card.

Signature _____ Printed Name _____ Date _____

FACILITIES MANAGEMENT USE ONLY
ID Card Verified Yes ___ No ___ Verified by _____ Date Received/Verified _____
Employee verification Approved ___ Denied ___
Current Student Yes ___ No ___ Gender of Recipient Male ___ Female ___
Current Fees Paid Yes ___ No ___ Information Verified By _____
Application denied and email notification sent on _____ (insert date) Email sent by _____
Application approved and forwarded for activation on _____ (insert date)
Card Programmed on _____ (insert date)