COLUMBUS STATE
COMMUNITY COLLEGE

ID CARD ACCESS REQUEST

Submit individual and multiple card access requests using this form. Complete form electronically and forward with proper signatures to the **Columbus State Police Department** by email at **CSPDAccess@cscc.edu.** If more than one form is completed, you may submit them in the same email as multiple attachments. For access outside of normal campus operational hours, please complete the "Employee After Hours Authorization Form" located **HERE**

Requestor: _____ **Date:** _____

Department: _____

Employee's Name	Cougar ID	Status	Bldg/Rooms	Bldg/Rooms	Bldg/Rooms

Employee's Name	Cougar ID	Status	Bldg/Rooms	Bldg/Rooms	Bldg/Rooms

Comments:

_____

Requestor's Printed Name

_____

Chairperson/Supervisor's Printed Name

_____   _____

Requestor's Signature   **Date**

_____   _____

Chairperson/Supervisor's Signature   **Date**