COLUMBUS STATE POLICE DEPARTMENT
ID CARD / ACCESS REQUEST FORM

Please print when completing form **Date:** _____

ISSUE ID CARD TO:

Employee Name: _____ **Cougar ID:** _____

Department: _____ **Job Title:** _____

Campus Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

PLEASE CHECK ALL THAT APPLY:

☐ Full-time employee ☐ Part-time employee

☐ Other (please explain): _____

REASON FOR REQUEST:

☐ New employee

☐ Replace ☐ lost / ☐ stolen ID card (CSCC police report is required for replacement)
Was police report filed? ☐ Yes ☐ No

☐ Defective ID card

☐ Other (please explain): _____

LOCATION OF BUILDING AND DOOR NUMBER(S) FOR ID CARD ACCESS:

_____

DAYS OF WEEK AND TIMES ACCESS NEEDED: Please be specific

Days	Times
☐ Monday	_____
☐ Tuesday	_____
☐ Wednesday	_____
☐ Thursday	_____
☐ Friday	_____
☐ Saturday	_____
☐ Sunday	_____

_____	_____	_____
Employee's printed name	Employee's signature	Date
_____	_____	_____
Chairperson / Supervisor's printed name	Chairperson / Supervisor's signature	Date

Forward completed form by Interoffice mail to **Columbus State Police Department, 499 Grove Street, Delaware Hall, Room 047**; or by email to **CSPDAccess@cscc.edu**