

**University Police Department  
ACCESS CONTROL CARD REQUEST**

User information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (M.I.) (Mo/Day/Year)

Job Title: \_\_\_\_\_ Extension: \_\_\_\_\_  
(# # #)

Office Location: \_\_\_\_\_ Department: \_\_\_\_\_ Home/Cell: \_\_\_\_\_  
(Bldg. & Room) (###) # # # - # # # #

BroncoID #: \_\_\_\_\_ Bronco Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
@csupomona.edu (If different from Bronco Name)

Activation E-mail should be sent to: \_\_\_\_\_  
(If different from Bronco Name or E-mail given above)

Existing Access Card # (if adding or removing access privileges): \_\_\_\_\_

Access information

**Initial** activation for: \_\_\_\_\_  
(List buildings & room numbers)

**Add** addition access privileges for: \_\_\_\_\_  
(List card number, building numbers & room numbers)

**Remove** existing access privileges for: \_\_\_\_\_  
(List card number, building numbers & room numbers)

**Remove all** access privileges on (removes the BroncoID from the UPD access control system): \_\_\_\_\_  
(Mo/Day/Year)

**\*\*\* Building 98 After hours elevator access only \*\*\***

After hours access to the 98 Tower elevators:

After hours access to the 98 Classroom elevators:

**Notice:** These access privileges will be programmed onto your Bronco Card.

Authorization information (Authorization denotes approval of this individual's right to access the above-listed areas.)

\_\_\_\_\_  
Signature of department director, dean or secretary

\_\_\_\_\_  
Print Name BroncoID Date

***Please allow five business days for your request to be processed***  
*Contact the Access & Alarm Coordinator at ext. 3070 with any questions.*  
*Fax all completed requests to ext. 5058*