

**College of Veterinary Medicine  
Access Control Form**

*Please complete form and obtain approval signature before returning to Facilities Room 16 Trotter Hall*

**Card #** \_\_\_\_\_  
( To be assigned by facilities )

**First Name :** \_\_\_\_\_  
( Please Print Name )

**Last Name :** \_\_\_\_\_  
( Please Print Name )

**Preferred Name :** \_\_\_\_\_  
( Please Print Name )

**KSU Phone #** \_\_\_\_\_

**Classification :**      **Faculty**      **Staff**      **Vet Student**      **Grad Student**      **Post Doc**      **Student Worker**  
( Circle One )      **Contractor**      **Guest**      **Other** \_\_\_\_\_

**Vet Student Graduating Class** \_\_\_\_\_

**Department Name :** \_\_\_\_\_

**Contractor Company Name :** \_\_\_\_\_

**Door Access:**  
*Room Numbers for Access Needed or to be Deleted from system*

**For Payroll Only No Access Needed**     

**Coles Hall** \_\_\_\_\_

**Trotter Hall** \_\_\_\_\_

**Mosier Hall** \_\_\_\_\_

**Card Holder Signature:** \_\_\_\_\_

**Department Head / AHJ Signature** \_\_\_\_\_

*Your signature indicates that you agree to be responsible when using the card access system at the College of Veterinary Medicine. This access card should remain in your possession and limited to your personal use. The system will maintain a permanent record each time the card is used.*