



State University of New York

Upstate Medical University

**Campus Activities Building  
Athletic Facilities Day Pass**

**DAY PASS**

\_\_\_\_\_  
*Employee Name*

\_\_\_\_\_  
*Campus Department*

\_\_\_\_\_  
*Campus Email Address*

\_\_\_\_\_  
*Upstate ID ISO Number*

\_\_\_\_\_  
*Date and time Using Facilities*

\_\_\_\_\_  
*CAB Employee Initials*

**A Valid Upstate ID Card Must Be Presented When Using Facilities • Only One Day Pass Per Employee**