



Check One: Student Employee/Faculty Temporary or Agency Employee Other _____

PLEASE PRINT ALL INFORMATION

NAME: (Last, First, MI)	ID#:
Department/Class Year:	Phone#:
<p align="center">Downtown Campus:</p> <input type="checkbox"/> B3 Entrance to Weiskotten Hall <input type="checkbox"/> 5 th Floor Bridge to/from Crouse Hospital <input type="checkbox"/> 7 th Floor Bridge to Weiskotten Hall/Hospital <input type="checkbox"/> 2 nd Floor Bridge to Cancer Center/CWB <input type="checkbox"/> Cancer Center Entrance (From Hospital) <input type="checkbox"/> Cancer Center Back Door (Monroe Street)	<p align="center"><u>Community Campus:</u></p> <input type="checkbox"/> Staff Entrance <input type="checkbox"/> Loading Dock (Ground North) <input type="checkbox"/> Cafeteria Entrance (Ground West)
RESTRICTED/ LIMITED ACCESS	
<p align="center"><u>Downtown Campus:</u></p> <input type="checkbox"/> Adams Street Door (6:30AM – 9:00PM Only) <input type="checkbox"/> CWB Dock <input type="checkbox"/> Jacobsen Hall (6:30AM – 9:00PM Building Occupants Only) <input type="checkbox"/> Renwick Dock <input type="checkbox"/> Dietary Dock (Dietary Staff Only)	<p align="center"><u>Community Campus:</u></p> <input type="checkbox"/> Emergency Department <input type="checkbox"/> Operating Room <input type="checkbox"/> 5 West <input type="checkbox"/> Doctor's Lounge
Activation Date:	Department Director Name: (PRINT)
Deactivation Date:	Department Director Signature:

ID MUST BE ACTIVE IN PAYROLL. THIS MAY TAKE 3 BUSINESS DAYS

ALL RESTRICTED/LIMITED ACCESS AREA REQUESTS MUST BE SIGNED BY YOUR DEPARTMENT DIRECTOR

Return this form to the University Police Department, Building 49 or fax to x46497
 For assistance with any area/door not listed, please contact Don Gray: grayd@upstate.edu or x46494

- ALL ACCESS IS SUBJECT TO APPROVAL FROM THE CHIEF OF UNIVERSITY POLICE -