

## BARD COLLEGE FACILITIES & CREDENTIALS REQUEST FORM

*Please fully complete form for individual you are requesting facilities/ credentials.  
Please send form to Human Resources for processing. Thank you for your cooperation!*

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country (if appl): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Name: \_\_\_\_\_

BANNER ID#: \_\_\_\_\_

### **Requesting Facilities/ Credentials for:**

1. Volunteer  End date \_\_\_\_\_

2. Guest  End date \_\_\_\_\_  
(short term)

3. Intern/ Research Scholar  End date for appt \_\_\_\_\_  
(please note you must notify helpdesk  
If this date is to be extended)

4. Independent Contractor (requires employee access)  End date of contract \_\_\_\_\_  
(not an employee, but requires similar access)  
(please note you must notify helpdesk  
If this date is to be extended)

Please specify staff or faculty access: \_\_\_\_\_

Department requesting Facilities/Credentials: \_\_\_\_\_

Name of person authorizing request: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person authorizing request: \_\_\_\_\_

HR Authorization: \_\_\_\_\_