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!

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: ________________________________________________________________

Rev. 1/15/2016