

## 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. Employee (FT/PT)

2. Employee (casual/ seasonal/temp/coach)

End date \_\_\_\_\_  
(please note you must notify helpdesk  
If this date is to be extended)

Please specify type: \_\_\_\_\_

3. Volunteer (volunteer waiver available from HR must be completed)

4. Guest   
(short term)

End date \_\_\_\_\_

5. Intern/ Research Scholar

End date for appt \_\_\_\_\_  
(please note you must notify helpdesk  
If this date is to be extended)

6. Independent Contractor (requires employee access)   
(not an employee, but requires similar access)

End date of contract \_\_\_\_\_  
(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: \_\_\_\_\_