

## 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)

**ID Card Only** \_\_\_\_\_

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

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

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

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

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