University of North Georgia
UNG Card Services
Access Control Request Form

Requestor's Name   _____   Requestor's ID Number_____

Department   _____   Staff   Faculty   Student
Telephone Number   _____

Department Head   _____   **Department Head's Signature** _____

Section I – Individual Request*

PROCEDURE

This form is required when requesting access.

Fill out form with the requestor's name, ID number, department, and telephone number. Select Staff, Faculty, or Student. Enter the name of department head