



# ACCESS REQUEST FORM

Department of Access Control & Security Systems  
Chester Annex Building, CA123 / Police Dispatch  
Phone: (216) 687-5386 FAX: (216) 802-3383  
[access.security@csuohio.edu](mailto:access.security@csuohio.edu)

Recipient Name: \_\_\_\_\_  
Last First Middle CSU I.D. #

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Student  Faculty/Staff  Contractor  Temp/Volunteer Department: \_\_\_\_\_

Building & Room/Door Number	Viking Card Prox Number*	Office Use

\*If user does not have existing Viking Card PROX card for use on a prox-reader door, obtain a prox card from the Viking Card Office and write its number above before advancing this form.  
For a lost key, you must first file a CSU Police report (687-2020) and attach a copy to this form.

**Other Work/Service Requests (lock changes, re-keying, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Single Access Control & Alarm Coordinator (SAAC) completion:**

For access other than posted business hours:

Building	Group	Alarm System Access (yes / no)

Access termination date: \_\_\_\_\_ (students' electronic access automatically terminates at end of semester)

Charge PeopleSoft account number: \_\_\_\_\_

SAAC approval signature \_\_\_\_\_ Date \_\_\_\_\_

**Inter-office, deliver, scan/e-mail, or fax this completed/approved form to the office above.**

**Recipient sign at pick-up (Chester Building Annex, CA123 / Police Dispatch, always open). Keys or electronic access will be ready five (5) days after receipt of this form from the SAAC, no need to call.**

Signature confirms reading and agreement with rules, regulations, and policies included at <http://www.csuohio.edu/offices/accesssecurity/>

Recipient Signature (sign at pick-up) \_\_\_\_\_ Date \_\_\_\_\_

**Office Use** (date & initials):

Received by AC&SS: \_\_\_\_\_ Keystone verification: \_\_\_\_\_ KR/SR #: \_\_\_\_\_