

Roanoke Higher Education Center

**Card Access Request Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ (RHEC Office) \_\_\_\_\_ (Cell)

Business Email: \_\_\_\_\_ @ \_\_\_\_\_

Alternate Email: \_\_\_\_\_ @ \_\_\_\_\_

**Request For:**

**User Classification:**

- New Access
- Change Access
- Remove Access
- Replacement Card

- RHEC Staff
- Member
- Other: \_\_\_\_\_

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**APPROVALS**

Supervisor \_\_\_\_\_  
*Print name*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

*A \$25.00 replacement fee is required for replacement of a lost card.*

*Member representatives are responsible for notifying RHEC administration of any staff changes.*

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**TO BE COMPLETED BY RHEC ONLY**

RHEC: \_\_\_\_\_ Date: \_\_\_\_\_

Access Level/Door: \_\_\_\_\_ Card Number: \_\_\_\_\_