

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: _____

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.

TO BE COMPLETED BY RHEC ONLY

RHEC: _____ Date: _____

Access Level/Door: _____ Card Number: _____