

# IT STUDENT EMPLOYEE CARD ACCESS REQUEST FORM

*\*Please scan & email copy to - [DCOPER@GVSU.EDU](mailto:DCOPER@GVSU.EDU) \**

FACILITIES SERVICES GRAND RAPIDS & REGIONAL CENTERS

201 Front Ave SW, Suite 350

**STUDENT NAME** (Please Print): \_\_\_\_\_

**STUDENT G#:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**STUDENT EMAIL ADDRESS:** \_\_\_\_\_

**TERM** (please circle & add year) **FALL**\_\_\_\_\_ **WINTER**\_\_\_\_\_ **SPRING**\_\_\_\_\_ **SUMMER** \_\_\_\_\_

**CARD #:** \_\_\_\_\_

or:  I don't have a card

My Card was Lost/Stolen (\$20.00 Replacement fee)

**STUDENT EMPLOYEE -TITLE**

*\*Access levels will be granted according to selection made below\**

AV TECHNICIAN

DESKTOP SUPPORT STUDENT TECHNICAN (DSST)

\*\* Once request has been processed and card is ready for pick up a confirmation email will be sent to the students email address. Note: ID will be requested for pick up\*\*

☆ ☆

I have read the above and agree to return this card on the last day of the semester. I agree and understand that that I must not transfer my card to another student for any reason. I also agree to pay the \$20 replacement charge should my card be lost or stolen. I hereby authorize the University to charge my student account and withhold an additional card until such time that the assigned card has been returned or the replacement charge is paid.

X  
\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
DATE

X  
\_\_\_\_\_  
**SUPERVISOR SIGNATURE**

\_\_\_\_\_  
DATE

X  
\_\_\_\_\_  
**OPERATIONS SIGNATURE**

\_\_\_\_\_  
DATE

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Card # issued \_\_\_\_\_

Date card returned \_\_\_\_\_

\*\*\*\*\*



## **Policy and Procedure for Student Access Cards**

### **Policy Statement**

IT student employees may be granted access to specific offices, University classrooms, and laboratories for authorized purposes under the conditions outlined below. The students requesting access are required to certify that they will abide by all the appropriate GVSU safety and security rules. Failure to do so will result in revocation of their Access Card.

### **Policy & Procedures**

The completion of the Facilities Services/Pew Campus Operations STUDENT EMPLOYEE CARD ACCESS REQUEST FORM with the approval of the responsible Staff or Supervisor. The request must identify the student employee's specific job title.

All requests will be filled for building hours only as posted on the Operations Web site. Any special requests other than normal building hours must be approved by Pew Campus Operations.

Completed STUDENT EMPLOYEE CARD ACCESS REQUEST FORM must be submitted to the Operations office (Supervisor will send via intercampus mail/email) before programming can be added to a student access card. Each card will be programmed for one semester only and must be returned to the staff member that issued the card on the last day of the semester. Note: spring and summer terms are considered one semester for this purpose. Old access cards will be deprogrammed at the end of each semester. A new card will not be issued until the old card is returned or the replacement fee has been paid.

During those hours outside of scheduled class time, students are required to use the "buddy system", i.e., to enter and work in groups of two or more. Exceptions to this policy will only be granted on a case-by-case, limited basis upon the written recommendation of the responsible staff member/supervisor.

The responsible staff member/supervisor must certify in writing that she/he has instructed the student(s) in the necessary safety practices pertaining to their work and provide a brief written outline of the work identifying any hazardous materials and equipment to the Facilities designate.

I agree to the policies

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student G #

\_\_\_\_\_  
Date