



ACCESS CARD REQUEST FORM
University of Wisconsin-Madison
www.uwpd.wisc.edu
Card Office: Police Annex- 1433 Monroe Street
Office hours: Mon-Thurs 8:15AM- 3:45PM

To receive an access card, you must bring this completed form and some form of photo identification with you — (driver's license, D.O.T. ID, passport). **Department Authorizer MUST sign this form.**

Name: _____
(First, MI, Last)

Title: Staff Volunteer Advisor Contractor/Vendor Visitor

Department, School, or College: _____

No University Affiliation

Four Digit PIN: _____

Access Areas:

Authorizing Department, School, or College: _____

Bill Department

Bill Company: _____

Payment made by Individual

(Full Company Name and Address)

(Printed Authorized Administrator Name) (Title)

(Signature of Authorized Access Card Administrator) (Date)

Agreement: This card/fob is the property of the University of Wisconsin and is for the exclusive use of the person whom it is issued. The card/fob holder is subject to the rules and regulations of the issuing Department. The card/fob must be returned to UW Police Access Control at the end of employment/project. The card/fob should be carried at all times and used in compliance with all University rules and regulations. All lost or stolen cards must be reported immediately to the UW Police. Failure to comply with these rules may result in the loss of access privileges and/or other penalties. UWS 18.06(12).

Card/Fob Holder's Signature: _____ **Date:** _____

For UWPd use: ACCESS CARD NUMBER: _____ *Card/Fob Issued by:* _____

Date: _____ *Access Assigned by:* _____ *Date:* _____