

SECTION A - CARD HOLDER DETAILS

Pulse Request No.	
Full Name:	
Staff / Student:	
ID Number:	
School/Department:	
Job Title:	
Email address:	
Phone Number:	
Office Number:	
Area/s where access is required:	
Campus/s:	
Building/s:	
Business/After-hours Access Required:	
Is Existing Access Still Required?	

SECTION B - FAULTS/CARD ISSUES

Is the Card Damaged/Cracked?	
When was the last time the card was used successfully?	
When swiping the card reader is it beeping/ not beeping/multiple beeps?	

SECTION C - AUTHORISATION (Department Manager/Supervisor/Dean)

Authoriser's Full Name:	
Position:	
Department:	
Email Address:	
Authoriser's Signature:	

SECTION D - CARD HOLDER CONFIRMATION

I understand that my swipe card remains the property of Federation University and accept all responsibility for the card issued to me.

Upon leaving employment with the University I agree to advise Property and Infrastructure so that access can be cancelled.

If the card is lost, misplaced or stolen, I agree to notify the Property and Infrastructure Department immediately.

I agree not to loan, transfer, give possession of, misuse, modify, alter or make a copy of the card.

After hours access to Federation University facilities is intended for legitimate purposes only. Upon request, card holders are expected to provide identification and a legitimate reason for their presence on University property.

Date:	
Card Holder's Name:	
Card Holder's Signature:	