



Property Services

Request for Non Standard Cardholder Account

Use BLOCK letters and write within boxes provided

APPLICANTS DETAILS

Surname:

First Names:

Date of Birth / /

Contact phone number:

Email:

By signing this form you agree to abide by the Key & Access Control Card Policy.

This document can be viewed at <http://www.scu.edu.au/facilities>

*You must also read the **Printing and Copying Services Terms and Conditions** before you use the printing facilities and the **Library rules** before using the Library.*

Signature:

TO BE COMPLETED BY UNIT

Card Expiry Date: / /

Applicant is:

- Member of SCU Governing Body Trainee Staff
- Contractor (Business Name)
- Visitor
- English Language Student
- Other (Please Specify)

Description to be displayed on card:

Unit Contact person (person to be contacted when account has been created.)

DO NOT SEND APPLICANT TO COLLECT CARD UN TILL YOU HAVE BEEN NOTIFIED BY SECURITY THAT ACCOUNT HAS BEEN CREATED

Phone:

Email:

Cost Centre

Head of School / Unit Name

Head of School / Unit Signature

Forward completed and signed form to gallagher.support@scu.edu.au

Incomplete forms will be returned.

Please allow a minimum of 48 hours for completion

TO BE COMPLETED BY FACILITIES MANAGEMENT AND SERVICES

Approved by Campus Services Supervisor

Signature:

TO BE COMPLETED BY SECURITY STAFF

Cardholder created by:

Date: / /