ONE Card

Access/Key Request Form

ONE Card Office Locations - Hours of Operation: 8:00 am to 5:00 pm

- Russell Ambulatory Center, Room M-165, 1813 6th Ave S, 205.934.2097
- Burleson Building, Suite 230, 909 18th St S, 205.934-3708
- Hill Student Center, Suite 103, 1400 University Blvd, 205.934.4300

This form is required to issue 1) a ONE Card to new employees; 2) a replacement ONE Card to current employees; 3) a ONE Card to Visitors/Volunteers/Vendors; 4) a ONE Card to Temporary/Irregular employees needing building access; or 5) building keys or building card access to existing employee. Individual is required to submit this <u>completed</u> form to the ONE Card Office upon issue of ONE Card or keys. Photo ID is required.

Secti	on I - (CARD HOLDE	R INFORMA	ATION (P	lease print	or type	9)									
ENT	ITY:	☐ Campus	☐ SOM	1 _	1 Hospital		HSF		HS	☐ CI	Н	U VIV	/A		SF	
Card Holder First & Last Name: BlazerID (if applicable												e):				
Card Holder Email Address: Home, Mobile or Work Phone#:																
Title (Visitor/Volunteer/Affiliate): Vendor Name (if applicable):																
Sponsoring Dept/Employee: Sponsor BlazerID (if applicable):																
Car	d Holde	er Signature &	Date Signed	l:												
		r agrees not to a mination occurs		oermit dup	lication of the	card an	d/or keys	and wi	II surre	nder the	card an	d/or keys	to a ONE	Card of	fice when	
Secti	ion II -	CARD TYPE R	EQUESTED													
Card Type: New Employee; Hire Date Temp Employee requiring building access; Exp Date Visitor/Volunteer/Vendor Card (includes visiting students/faculty, alumni, etc.); Exp Date																
☐ UAB Affiliate (any named contractor with a long-term onsite office location)																
Replacement Card:lost stolen title/name change (
Repla	cement c	ards due to promo	otion/transfer/n	name change	e cannot be issı	ue <mark>d-</mark> until i	nfo is proc	essed in	the sys			/ Job Code	(Hospital	use only)		
Secti	ion III -	BUILDING A	CCESS REQ	UESTED												
Acces	ss Type:	: 🗖 Card Acc	ess (New or	Existing C	ard) 🚨 K	ey (mul	tiple cop	oies of	a sing	le key w	II not b	e issued	to one i	ndividu	ıal)	
Anir	mal Are	a Approval:														
Card	d Acces	s - Building Na	ame and Roo	om #:												
Key	s - Builc	ling Name and	Room #:													
Secti	ion IV -	UAB/UAB N	IEDICINE D	EPARTM	ENT REQU	ESTING	CARD	ISSUA	NCE							
Nan	ne of Aı	uthorized Ager	nt (Print or T	vpe):					Der	oartmen	t:					
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COM	IPLETE	THIS SECTION	N IF KEY IS	REQUES	TED AND P	ICKED	UP AT E	BUR 23	30 BY	A DEPA	RTME	NT REP	RESENT	ATIVE	<u>. </u>	
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Key Received by:Print Name							Signature							Date		
	о пот	WRITE IN THI	L SECURITY	Y OFFICE USE ONLY				Veri	Verified By			_ Date				
\ c	Card Nur	nber:														
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к	Key # Code Key				(ey#	Code				Key #			Code			