

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 completed form to the ONE Card Office upon issue of ONE Card or keys. Photo ID is required.

Section I - CARD HOLDER INFORMATION (Please print or type)

ENTITY: ☐ Campus ☐ SOM ☐ Hospital ☐ HSF ☐ HS ☐ CEH ☐ VIVA ☐ OSF

Card Holder First & Last Name: _____ BlazerID (if applicable): _____

Card Holder Email Address: _____ Home, Mobile or Work Phone#: _____

Title (Visitor/Volunteer/Affiliate): _____ Vendor Name (if applicable): _____

Sponsoring Dept/Employee: _____ Sponsor BlazerID (if applicable): _____

Card Holder Signature & Date Signed:

The cardholder agrees not to duplicate nor permit duplication of the card and/or keys and will surrender the card and/or keys to a ONE Card office when transfer or termination occurs.

Section II - CARD TYPE REQUESTED

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 ()

Job Title / Job Code (Hospital use only)

Replacement cards due to promotion/transfer/name change cannot be issued until info is processed in the system of record.

Section III - BUILDING ACCESS REQUESTED

Access Type: ☐ Card Access (New or Existing Card) ☐ Key (multiple copies of a single key will not be issued to one individual)

Animal Area Approval:

Card Access - Building Name and Room #:

Keys - Building Name and Room #:

Section IV - UAB/UAB MEDICINE DEPARTMENT REQUESTING CARD ISSUANCE

Name of Authorized Agent (Print or Type): _____ Department: _____

Signature of Authorized Agent: _____ Phone: _____ Email: _____

Authorizing department will pay the card fee of \$15.00. List account number below:

DEPARTMENT ACCOUNT NUMBER/GL STRING

[illegible]

COMPLETE THIS SECTION IF KEY IS REQUESTED AND PICKED UP AT BUR 230 BY A DEPARTMENT REPRESENTATIVE

Key Received by: _____

Print Name

Signature

Date _____

DO NOT WRITE IN THIS BOX - FOR PHYSICAL SECURITY OFFICE USE ONLY

Verified By _____ **Date** _____

Card Number: _____

Key # _____ Code _____ Key # _____ Code _____ Key # _____ Code _____

Key #	Code	Key #	Code	Key #	Code
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