

RSC & PSC Floors 5-9 Access Request Form

Section 1 – Access Request

Requestor Name (DDR)	Department - Email - Contact Number				RES USE ONLY	
Access Recipient Name	GSU Email & Panther Card #	Hired	PCard	iCollege		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Requested					RES Comment	
Location (floors, rooms)	Readers	Time				
		24/7 <input type="checkbox"/>				
		Other:				

Designated Department Representative Signature
 Date

Section 2 – RES Review & Authorization

GSU Biosafety Officer (or designee) signature
 Date