EOHSI Building Access Form

Name: _____ **Title:** _____

EOHSI Division: Toxicology

Phone: _____ **E-Mail:** _____

Status: ○ **Faculty** ○ **Staff** ○ **Graduate Student/Fellow**

○ **Undergraduate Student** ◉ **Other** _____

Requesting: ☑ **Programming of RU Connection Card**
(Faculty/Staff/Student: requires NetID)

NetID: _____

Your signature below indicates your acceptance of the following conditions:

- **This card is for your use only and may not be lent to others.**
- **Lost Rutgers Connection Cards must be replaced through the RU Connection Card office located at ASB II, 57 Route 1 South, New Brunswick, NJ (Cook Campus).**

Card Holder: _____
Signature **Date**

Supervisor: _____
Signature **Date**

Director of Administration: _____
Signature **Date**

<u>For EOHSI Use Only</u>:

Card #: _____

Access Level: _____