UNCW ONE CARD
DEPARTMENT CARD REQUEST
and
CARD REACTIVATION REQUEST FORM

TO: UNCW ONE CARD OFFICE

1. Please issue a Department Card(s) as follows:

- Department's name:
  _____

- Number of Department card(s) requested:
  _____

- Justification of the need for the Department Card:
  _____

2. Access needed for the Department Card(s) being requested:

[   ] **Building Access:** _____
(Please list each building.)

[   ] **Other:** _____
(Please explain.)

3. Expected Inactive Date: ____/____/____   (department card will automatically expire annually from the date of issue. Card will need to be reactivated annually.)

4. Reactivate expired Department Card(s):
- Department's name:
  _____

- Department card(s) assigned number(s):
  _____

- Justification of the need for the Department Card:
  _____

5. Approval to issue a Department Card(s) or Reactivate expired Department Card(s):

_____   _____

Signature of Department Head, Director or Vice Chancellor   Date
(By giving approval for the UNCW Department Card, the Department
Head/Director/Vice Chancellor is responsible for all department card activity and
agrees to collect the card from the department at the conclusion of period needed
and/or inactive date and to retain in a secured place until reactivation is needed.)

_____   _____

Signature of Electronic Access Control Administrator   Date

6. Department Card(s) Issued or Reactivate expired Department Card(s):

_____   _____

Signature of UNCW One Card Manager   Date