FACILITIES MANAGEMENT
EXPERTS • CARING • STEWARDS
PROGRESSIVE • COLLABORATIVE
We get things done and drive results
Colorado State University

DEPARTMENTAL C-CURE CARD REQUEST AND SYSTEM ACCESS SIGNATURE AUTHORIZATION FORM

Department Name: _____Dept. #:_____

Building Address: _____Phone #: _____ Fax #: _____

Buildings Authorized to Manage: room numbers/doors?

CARD REQUEST MANAGER INFORMATION SIGNATURE

This person is authorized to order visitor cards.

Printed Name: _____ Email Address: _____

AUTHORIZED SYSTEM USERS

Those person(s) identified here have a secure login to the C-Cure system and are authorized to make changes to access privileges within the system

(For those who also order cards, please put their names in both areas)

Printed Name: _____

Signature: _____

Email address: _____

User name: _____

Domain: _____

Printed Name: _____

Signature: _____

Email address: _____

User name: _____

Domain: _____

Printed Name: _____

Signature: _____

Email address: _____

User name: _____

Domain: _____

Printed Name: _____

Signature: _____

Email address: _____

User name: _____

Domain: _____

DEAN'S, DEPT. HEAD'S, OR DIRECTOR'S SIGNATURE OF APPROVAL FOR THIS FORM

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Email address: _____Phone: _____ Fax #: _____