



CARD UPDATE REQUEST FORM- Please click 'submit' below or email Accesscontrol@georgebrown.ca.

Employee's Name	Employee ID No.	Division/Department	Office Phone	Home Phone

Please issue above employee card access **DURING/BEYOND NORMAL COLLEGE HOURS** to the following (Electronic form users-- To mark a desired box, double-click desired "☐" and choose "checked"):

GBC CAMPUS BUILDINGS:

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 200 King Street E | <input type="checkbox"/> 05 300 Adelaide Street E | <input type="checkbox"/> 09 70 Yorkville Avenue |
| <input type="checkbox"/> 02 341 King Street E | <input type="checkbox"/> 06 290 Adelaide Street E | <input type="checkbox"/> 10 51 Dockside (Waterfront) |
| <input type="checkbox"/> 03 193 King Street E | <input type="checkbox"/> 07 Ryerson - 99 Gerrard Street E | <input type="checkbox"/> 11 160 Kendal Avenue |
| <input type="checkbox"/> 04 230 Richmond Street | <input type="checkbox"/> 08 Yonge Centre - 55 Mill Street | <input type="checkbox"/> 12 500 McPherson Avenue |

Specific Information (Room numbers, as applicable), etc:

OTHER CAMPUS BUILDINGS (Check Campus Location):

Specify Building Location:

Specific Room Numbers, as applicable, etc.:

DAYS & HOURS OF ACCESS:

- College Hours 6:00 a.m. – 10:30 p.m. – 7 Days Unlimited – 24 hours/ 7 days Limited Access (list below):

Limited Access:

Issuance of Access Card

I understand and agree that the access card issued upon approval of this request is the property of the College and I further acknowledge responsibility and accountability for the card. I will report loss or theft of the card to the Access Control Specialist – Public Safety & Security immediately and to my department head. I also understand that the access card is issued for my exclusive use and may not be duplicated, loaned or used to allow any unauthorized person into a controlled area. I further understand and agree that my full cooperation will be expected during any investigation concerning a security matter that might have occurred in a controlled facility during a time when my presence in the facility has been recorded by the system. I further agree to remain knowledgeable of and abide by the College's Access Control policy while in possession of the card, and I understand that any violations of this policy may result in revocation of access card use and/or disciplinary action.

Employee's Name: _____ Date: _____

Approved:

_____	_____	_____	_____
Division/Department Head	Date	Provost/ Vice Chancellor (as applicable)	Date
_____	_____	_____	_____
Public Safety & Security Manager	Date	Access Control Specialist	Date

Replacement Card Issued

Employee's Name: _____ Date: _____

SUBMIT