

We can not accept a research account for billing

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last Name / First Name

Phone#: _____ Email : _____

Date Required: _____ Dept: _____

Terms of Use Acknowledgment:

I acknowledge that the requested key / card access is solely for the department or unit listed above.

I acknowledge that any access given to me is not to be shared or otherwise distributed or copied.

I will return all cards to the ONECard office once they are no longer required.

UVic ONECard will maintain a log of all cards provided for access.

Please refer to the key & access card control policy:

https://www.uvic.ca/universitysecretary/assets/docs/policies/BP3125_6735_.pdf

Please allow 24 hours for processing, you will be e-mailed when they are ready for pick-up.

DISCLAIMER AND SIGNATURE

✓ Individual identified for pick-up above must present valid identification.

FASTNAME: _____ **FUND#** _____ **ORG#** _____ **ACCT#** 9231 **ACTV Code#** _____

Authorized FAST Account Signature: _____ Date: _____

Authorized FAST Account Printed Name: _____

Individual authorized to pick-up: _____

OFFICE USE ONLY

Journal Code FJ# _____ Date processed in FAST: _____

Customers printed name: _____ Date: _____

Customers Signature: _____ Date: _____

ONECard staff signature: _____ Date: _____