



STUDENT UNION SWIPE CARD REQUEST

Organization: _____

Phone: _____

Rooms Requested: _____

Please print or type a list of individuals in alphabetical order (last name, first name) that have access to your organization's room for the term requested. In addition, please use this form to make any additions, changes, and cancellations throughout the year.

Name (Last name, First name)	New*, Replacement/ Change/Cancel	Effective Date	Expiration Date	Existing card? (Yes or No)

Please return this form to the Student Life, Suite 150 Student Union. Thank you for your cooperation.

Authorized Signature

Office Approving

Print Name

Received Signature

Date Requested

Date Received

* New = new card and account
Replacement = original card lost or broken

Change = Access or expiration
Cancel = Terminates account/card

Please return completed form to: **Suite 150 Student Union**
Phone: (716)645-2055 Fax: (716)645-2371