**ETSU Off-Site Facilities**

**CBORD Door Access Authorization Form**

**Please grant access to**: 2/2/2022

   

Name ID # Expiration Date (optional) Department (if Faculty or Staff)

**\*\*NOTE:** This access will remain in effect until the individual is no longer an active ETSU faculty, staff, or student within the ID System, unless an expiration date has been requested. If the access granted here needs to be removed, please contact the ID office.\*\*

**Community Health Clinic**

CHC Administrative Staff (4 doors)

CHC Allied Clinical Staff (3 doors)

CHC Clerical Staff (3 doors)

CHC Clinical Staff (3 doors)

CHC Facilities Management Staff (4 doors)

CHC ITS Staff (3 doors)

CHC Pharmacist Only (4 doors)

CHC Pharmacy Staff (2 doors)

CHC West Door (1 door)

**Digital Media Center**

DM F/S – Full Access (13 doors)

DM Students – Limited Access (12 doors)

DM Equipment Room (1 door)

**Innovation Lab**

Lab Admin (all doors)

Lab Guests (7 doors)

Lab ETSU Employee/Student (7 doors)

Lab Board Room – Full Access (1 door)

Lab Board Room – Limited (1 door)

Lab Conference Room (1 door)

Lab Training Center (1 door)

**Little Bucs**

Staff (1 door)

Limited Access (1 door)

**Millennium Center**

Faculty/Staff (2 doors)

Students

**Martin Center for the Arts**

Admin (Full access, 11 doors)

Faculty/Staff (Full access, 5 doors)

Loading Dock (Full access, 1 door)

Temp Staff (Limited access, 5 doors)

Music Rooms (Full access, 5 doors)

Student Workers (Limited, 3 doors)

Percussion (Limited access, 4 doors)

Students (Limited access, 3 doors)

**Nave Center**

Allied Health F/S (full access)

Allied Health Students (limited access)

SLP F/S (full access)

SLP Students (limited access)

**Natural History Museum**

Staff – Full Access (6 doors)

Bldg & Lab (4 doors)

Students (2 doors)

Limited Collections (1 Door)

Visiting Researcher (4 Doors)

**Valleybrook Facility**

**(**[mail to: edwards@etsu.edu](mailto:mail%20to:%20edwards@etsu.edu) for pre-approval**)**

Gate Only (1 door)

Gate & Front Door (2 doors)

**  **

**Authorized By (print or type) Signature Phone #**

**  **

**Department Job Title Date**

***Please send this form to the ID Services Office, access should be granted within 48 hours. (Excluding weekends & holidays)***

**Campus ID Services** **Campus P.O. Box 70611 Phone: 439-8316 E-Mail: IDBUCS@etsu.edu**