

# ETSU Health Sciences Campus Onity Door Access Authorization Form

Please grant access to:

3/2024

Name ID # Expiration Date (required) Fac/Staff/Student

**Check the User Group to which the above individual should be assigned.**

**You may request assignment to only those doors to which you have the authority to authorize access.**

**ALL AREAS (ETSU Service Personnel Only)**

**Medical School Research & Training, VA Bldg. #119**

COM & Brown DLAR Staff  
VA Bldg #119 Fac/Staff

**Brown Hall, Room B34**

Brown DLAR Lab Staff

**Authorized By (print or type)**

**Signature**

**Phone #**

**Department**

**Position Title**

**Date**

*Please send this form to the ID Services Office **PRIOR** to sending the above listed individual to have their ID Card encoded for access.  
Campus ID Services Office - Campus P.O. Box 70611 - Voice: 439-8316 - E-Mail: IDBUCS@etsu.edu*