



SPONSOR / REQUESTOR INFORMATION

| | | | |
|---|-------|----------------|-------|
| Sponsor: | _____ | Title: | _____ |
| Company: | _____ | Email Address: | _____ |
| Phone: | _____ | | |
| Requests must be made by Authorized Sponsors only. A list of Authorized Sponsors is updated by CNSE Access Control . | | | |
| Requested For: | _____ | Title: | _____ |
| Company: | _____ | | |
| Phone: | _____ | Email Address: | _____ |
| Notes: | _____ | | |
| Applicable Exports Control Documentation for this individual is on file with the Human Resource Dept. or Exports Control Authority of the Sponsor's organization. | | | |

ACCESS REQUESTED

Check box if form is for a badge extension

| | | | |
|---|---|----------|--------------------|
| EMPLOYEE'S START AND END DATES: | | | |
| **If the employee is not a temporary employee, the end date should match the assigned company end date as part of the annual renewals process | | | |
| (MM-DD-YY): From _____ | | To _____ | |
| DAYS: | Mon-Fri | Mon-Sat | Mon-Sun |
| TIMES: | From _____ | To _____ | 24 HRS |
| GENERAL SITE ACCESS | Requires completion of Safety Orientation Training. | YES | NO |
| CLEANROOM ACCESS | Requires completion of Safety Orientation and Cleanroom Safety. | YES | NO |
| ADDITIONAL ACCESS | Must be submitted by the sponsor via a separate email to Access Control . | | |
| LAB ACCESS | Requires completion of Safety Orientation and Lab Safety Training. | | |
| Lab Room #(s): _____ | Additional Required Training: BioSafety Laser Safety | | |
| STUDENT ACCESS | Bio | Grad | Post Doc Undergrad |
| Requires Safety Orientation Training | | | |
| STOP HERE and press Submit for processing and photo ID scheduling. | | | |

CNSE ACCESS CONTROL USE ONLY

| | | |
|-------------------------------|--------------------------------|-----------------------------|
| TRAINING VERIFICATION: | | |
| Completed: | Safety Orientation | Cleanroom Safety Lab Safety |
| Verified By: | _____ | Date: _____ |
| CARD NO: _____ | | |
| | PROGRAMMED / ISSUED BY: | RECEIVED BY: |
| BADGE: | _____ | _____ |
| POLICY COMPLIANCE***: | _____ | _____ |

***By signing above, the requestor acknowledges that they have received a copy of the SUNY Polytechnic Institute Campus Badge Identification and Site Access Policy and that they will comply with the policies within. The requestor also acknowledges that they understand that not following all items outlined may result in revocation of access and the requestor will need to retake training for access to be reinstated.