

Send a copy to: mowens63@ccc.edu & vguerrero33@ccc.edu

City Colleges of Chicago—District Office Safety & Security Identification Card Request Form SR-103

General Information

Identification cards are issued to all employees, students & visitors who will be accessing the building on a regular basis for more than one month. Each person is assigned a color code which allows building access based on his/her regular work schedule. Please help us in maintaining a secure work place by wearing your ID cards at all times in the building and by asking your visitors to wear their IDs.

Instructions

Please complete this form, obtain the proper approval(s) and contact the Security Department at x2587 to make arrangements to have your ID made on Monday - Thursday from 9-11 a.m & 1-4 p.m. Please bring this approved form to have your ID issued. The first card is issued at no cost. Ten dollars will be charged for each replacement ID card. (No charge for title change) All proximity card requests must be signed by the Director or Vice Chancellor of the area to which access is being requested before the District Director Of Security will review and/or approve. All vendors must first receive approval from the Associate Vice Chancellor-Administrative Services. Please contact the Security Department if you have any questions.

Title:	Employee/ Student Information	:			
Non-Employee Information: Name (Last, First):	Employee Name (Last, First):		Department:		
Non-Employee Information: Name (Last, First):	Title:	Ext. No.:	Email:		
Name (Last, First): Department: Telephone No.: Telephone No.:	ID No.: Floor:				
Title: ID/Driver's License No. : Telephone No.: Company Name: Address: City: State: 2 Access Codes (Please limit access to the regular working hours) YellowMon-Fri, 7:00am - 6:00pm	Non-Employee Information:				
Address: City: State: 2 Address: City: State: 2 Access Codes (Please limit access to the regular working hours) YellowMon-Fri, 7:00am - 6:00pm	Name (Last, First):		Department:		
Access Codes (Please limit access to the regular working hours) YellowMon-Fri, 7:00am - 6:00pm	Title:	ID/Driver's License No	o.:Tel	lephone No.:	
YellowMon-Fri, 7:00am - 6:00pm	Company Name:	Address:	City:	State: Zip:	
Blue 7 days, 7:00am - 6:00pm	Access Codes (Please limit access to tl	ne regular working hours)			
Proximity Card Access (please indicate the location(s) that the employee requires access to) 180 N Wabash	YellowMon-Fri, 7:00am - 6:0	00pm	ours (Requires VC approval)		
180 N Wabash	☐ Blue 7 days, 7:00am - 6:00p	om GreenContractor			
180 N Wabash					
Dawson Technical Institute 216-E & 216-W	Proximity Card Access (please indicat	e the location(s) that the employe	ee requires access to)		
Richard J. Daley	☐ 180 N Wabash	☐ Harold Washii	ngton	Olive Harvey	
f replacement is needed: (INCIDENT REPORT BY SECURITY MAY BE REQUIRED*) Pay ten dollars to the Treasurer's Office and have the clerk sign here: What happened to previous card: Lost* Stolen* Damaged Incident Report # Approvals Requestor: Date: Department Head Approval: Date: District Director of Security Approval: Date: Date	☐ Dawson Technical Institute 216-E & 216-W ☐ Kennedy King			☐ Harry S Truman	
Pay ten dollars to the Treasurer's Office and have the clerk sign here: What happened to previous card:	Richard J. Daley	☐ Malcolm X Co	llege	☐ Wilbur Wright	
Pay ten dollars to the Treasurer's Office and have the clerk sign here: What happened to previous card:	If replacement is needed: (INCIDENT	REPORT RY SECURITY MAY BE RE	OLURED*)		
What happened to previous card:	-				
Approvals Name (Print) Signature Requestor:	•				
Requestor: Date: D	what happened to previous cur	a. Lost. Stoleti.		eport #	
Department Head Approval:	Approvals	Name (Print)	Signature		
Vice Chancellor Approval: Date: District Director of Security Approval: Date: For Security Office use only Dissued by: Date: Date: Date: Date:	Requestor:			Date:	
District Director of Security Approval:	Department Head Approval:			Date:	
For Security Office use only Dissued by:Date:	Vice Chancellor Approval:			Date:	
D Issued by:Date:	District Director of Security Approva	l:		Date:	
D Issued by:Date:	For Security Office use only				
D Received by:Date: Card Number:		Date: ID I	Programed by:	Date:	
	ID Received by:	Date: Car	rd Number:		