

U.S. Department of Education

Federal Student Aid  
Union Center Plaza Building

<b>CATEGORY</b>	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
<b>ACTION</b>	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Access Change	<input type="checkbox"/> Replacement
	<input type="checkbox"/> Reduced Fare		

## FSA CAMPUS CARD (SMART CARD) ACCESS APPLICATION

<b>A. APPLICANT INFORMATION</b>		ALL INFORMATION MUST BE COMPLETED OR CARD WILL NOT BE ACTIVATED		(Print or Type Only)
1. Name (Last, First, M.I.)		2. Social Security Number		3. Building Name or Number:
4. Position Title:		5. Office Telephone:		6. Office or Cubicle No.
7. Name of Agency / Vendor (ED, Contractor Company)		8. Address: Agency / Vendor (ED, Contractor Company)		
9. Supervisor's Name (Print)	10. Supervisor's Title	11. Supervisor's Telephone No.	12. Supervisor's Building and Room or Cubicle No.	

<b>B. ACCESS REQUIRED</b> (Please check <input checked="" type="checkbox"/> all that apply. Areas identified with * require Controlled or Security Manager authorization & justification)			
1. M-F Only 6:30 AM to 6:30 PM ___ (Supervisor approval only)		5. Parking Garage (for bicycle) * ___ (Controlled area approval)	
2. Weekends ___ (Supervisor approval only)		6. Mail Room * ___ (Controlled area approval)	
3. M-F After 6:30 PM ___ (Supervisor approval only)		7. Computer Area * ___ (Controlled/Security area approval)	
4. Parking Garage * ___ (Controlled area approval)		8. Security Areas(specify below) * ___ (Controlled/Security area approval)	

<b>C. ACCESS AUTHORIZATION</b>		
<b>Certification:</b> By authorizing the above designated building access, I acknowledge that the terms of this individual's contract or employment require daily to frequent access to the specified areas of UCP and confirm that all minimum security clearance requirements as specified in the individual's contract or employment have been met.		

Supervisor's Name & Telephone No. (Print)	Controlled Area Manager's Telephone No. *(Print)	Security Manager's * Telephone No. *(Print)
Supervisor's *Signature & Date	Controlled Area Manager's *Signature & Date	Security Manager's *Signature & Date
<b>Justification for Controlled or Security Area Access:</b> <input type="checkbox"/> Employed in area <input type="checkbox"/> Work Requirement till ___ (date)		<input type="checkbox"/> Other - Explanation required:

<b>D. EMPLOYEE CARD RECEIPT ACKNOWLEDGEMENT</b>	
I certify the accuracy of the above information and acknowledge that this card is property of the U.S. Department of Education and agree to return the card upon termination of my employment or contract with Student Financial Assistance.	
Employee Signature _____	Date: _____

<b>E. CONTRACTORS ONLY</b>	
Human Resource Office Acknowledgement: _____	Date: _____

<b>F. REDUCED FARE CAMPUS CARD (Transit Benefits)</b>		a. Senior Citizen _____ b. Handicapped _____	
If qualified for reduced fare Campus Card, present a valid WMATA Senior Citizen or Handicapped ID Card to FSA Administration for approval and complete a WMATA SmarTrip registration. (Attach a copy of the WMATA ID to this form)			
a. WMATA ID Number: _____		b. WMATA ID Expiration Date _____	
c. FSA Administration Approval: (Name/Signature) _____		Date: _____	

<b>G. FOR OFFICE USE ONLY</b>			Revision Date: June 2002				
Date Issued:	FSA Campus Badge Number: (on front)	Smart Card Number: (on back):		Yes <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	Reason for Replacement	<input checked="" type="checkbox"/>
Issued By			New Issue			Lost***	
Comment:			Replacement			Stolen	
			Reduced Fare			Damaged	
						Other	
***Notice: For each lost identification card a fee of \$20 will be applied to the department's account.							

**PRIVACY ACT STATEMENT** Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is for management to approve and record the issue to you of a key card that will give you access to designated entrances at the FSA Union Center Plaza Building. Disclosure of the information provided may be made to authorized Federal Government agencies, to Federal Life Insurance or Health Benefit carriers regarding a claim; and to Federal, State or local law enforcement agencies when FSA becomes aware of a violation or possible violation of criminal law. Furnishing your Social Security Number on this form, as authorized by Executive Order 9397, is voluntary. However, failure to do so may result in disapproval of this request