



**ECU 1 CARD Access Authorization Form**  
 Brody School of Medicine, Greenville, North Carolina 27834-4300

Name: \_\_\_\_\_ ECU ID: \_\_\_\_\_ Dept.: \_\_\_\_\_

Card Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**TYPE OF ID:**    Original    Replacement    Transfer    Additional Access  
 (\*payment required for replacement – Call 43008 – 1N12)

**STATUS:**    Faculty/Staff    Med Student    Student/Grad Student    Resident  
 Contractor/Visitor   Company Name: \_\_\_\_\_   Expiration Date: \_\_\_\_\_  
 Temporary Employee (Non-ECU)   Expiration Date: \_\_\_\_\_

**ACCESS:**    Standard: Faculty or Staff (Brody B2, B5, B15, B22, B33)  
 Brody Clinics: Faculty or Staff (B16, B25, includes standard)  
 Brody Med Student: (Brody 2E67, Tech Center, includes standard)  
 None (when needed for ID purposes only)

**ADDITIONAL ACCESS:** All requests for additional access require justification and prior approval signature below by the respective Department Chairman/Director.

Justification Statement: \_\_\_\_\_

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Brody Pharmacy                           | Approved: _____ |
| <input type="checkbox"/> Brody Tech Center                        | Approved: _____ |
| <input type="checkbox"/> Brody 2E-67                              | Approved: _____ |
| <input type="checkbox"/> Old Health Sciences Library              | Approved: _____ |
| <input type="checkbox"/> Biotechnology Ctr./Pediatric Clinic      | Approved: _____ |
| <input type="checkbox"/> Medical Storeroom                        | Approved: _____ |
| <input type="checkbox"/> Leo Jenkins Cancer Ctr. Exterior         | Approved: _____ |
| <input type="checkbox"/> Leo Jenkins Cancer Ctr. Treatment & Ext. | Approved: _____ |
| <input type="checkbox"/> Radiation Safety                         | Approved: _____ |
| <input type="checkbox"/> Brody GE-12A                             | Approved: _____ |
| <input type="checkbox"/> Brody GN-80                              | Approved: _____ |
| <input type="checkbox"/> Switch Room-Brody                        | Approved: _____ |
| <input type="checkbox"/> CHSC                                     | Approved: _____ |
| <input type="checkbox"/> Thomas Building                          | Approved: _____ |

**APPROVALS:**

_____ Department Chairman	_____ Date
_____ Personnel (Faculty and Staff) ( <i>Brody 2E-67</i> ) OR Student Affairs (Students) ( <i>Brody 2S-20</i> )	_____ Date
_____ Health Sciences Administration and Finance ( <i>Brody 1K-20</i> )	_____ Date

Note: ECU 1 CARDS are the property of East Carolina University and are to be turned in to Department Chairman upon termination of employment for forwarding to Brody 1 Card, Brody GE-101.

_____ Employee Signature	_____ Date
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