

# College of Science – Cal Poly Pomona

## Student Bronco Card Access Request

College of Science bronco card access request is granted by recommendation of the academic department and a faculty sponsor. Authorizations may be changed based on college operational needs. Access is only granted to active Cal Poly Pomona students. **Students may not let others into buildings or into any room.** Students who need access must have their own Bronco Card authorized.

**Complete the form and have it signed by the Faculty Sponsor. Bring the signed form to the department office for chair's signature.** Access is granted as quickly as possible, usually within a week. Renewal requests should be submitted 2 weeks, before the expiration date. If you have trouble accessing the room, email Sharon Cruise, at [secruise@cpp.edu](mailto:secruise@cpp.edu)

Student Information: (Use **Black ink**)

\_\_\_\_\_  
 Name (**print**)                      Contact Em (**@cpp.edu**)                      Major                      Bronco ID

**Purpose for bldg./rm:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
 (i.e.: Reason requesting Bldg/rm- LA/TUTOR, RESEARCH, Homework-Thesis-Labwork)      00/00/0000 (format)

**Bldg/Rm. Requested:** \_\_\_\_\_

**The privilege of having card-swipe access to buildings or rooms depends on responsible actions at all times:**

- **use your Bronco Card for yourself only and do not admit others who do not have card-swipe access**
- **report lost cards immediately – you are responsible for damages and losses until your card is reported lost**
- **shut doors to keep building secure and do not prop doors open or tamper with the lock system**
- **do not use doors marked "emergency exit" except in an emergency**
- **use facilities responsibly and for their intended purpose; always clean up after yourself before you leave**
- **make sure that all doors are closed and latched when leaving**

**Negligence in any of these responsibilities will result in the immediate denial of access.**

**I understand and accept this responsibility** \_\_\_\_\_  
 Student signature

\_\_\_\_\_ Date 00/00/0000

I understand and endorse the purpose of the access described: (**use black ink**)

\_\_\_\_\_  
 Faculty Sponsor Name (**print please**)

\_\_\_\_\_  
 Faculty Sponsor **signature**

\_\_\_\_\_ Date 00/00/0000

\_\_\_\_\_  
 Chair/Director- Name (**print please**)

\_\_\_\_\_  
 Chair/Director- **signature**

\_\_\_\_\_ Date 00/00/0000

\_\_\_\_\_  
 Associate Dean –Name (**print please**)

\_\_\_\_\_  
 Associate Dean – **signature**

\_\_\_\_\_ Date 00/00/0000

\_\_\_\_\_  
 System access completed by

\_\_\_\_\_  
 Signature

\_\_\_\_\_ Date/Time

\_\_\_\_\_  
 CSCF Look up  
**Note: All other Forms not acceptable**

\_\_\_\_\_  
 Security Code No.