

GATE CARD APPLICATION

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Applicant's UK Person ID _____

First Name _____ Middle Initial _____ Last Name _____

Current Residence Address _____ City/State _____ Phone _____

Department Name _____ Dept. Bldg/Room: _____

Department# _____ Account # _____

Please check appropriate boxes.

- Initial Card Replacement Card Card Update
- Employee Student Farm Resident (non-employee) Other _____

Please check the gates required for access. Note: Access to the Motor Pool Truck Lot is restricted. Supervisors should contact the Motor Pool at 257-3119

- Maine Chance Service Entrance (Newtown) South Farm (Man O War)
- Equine Entrance (Newtown) C. Oran Little Research Center (Woodford Co.)
- Spindletop Entrance (Ironworks)

Applicant Signature and Date _____ Email Address _____

Supervisor Name _____ Email Address _____ Supervisor Signature and Date _____

Supervisor Comments/Recommended Restrictions: _____

Office Use Only

Card # _____ Security Supervisor Signature: _____

Card picked up by: _____



Security Access Card Cardholder User Agreement

As a recipient of a College of Agriculture Security Access Card, I agree to the following terms and conditions:

1. I will use the card only in accordance with the College of Agriculture's policies and procedures.
2. I am responsible for ensuring my card(s) are protected from theft or loss. I will immediately notify the Security Card Administrator of any loss or improper use of my card.
3. I will identify persons that I grant right of entry to the areas that I have been assigned access.
4. I am responsible for actions taken by persons granted access to designated areas with my card. I will use diligence in granting access to those not affiliated with the College of Agriculture to protect the assets of the University.
5. I will surrender the security card to the Facilities Management Security Card Administrator or my immediate supervisor upon demand or upon my termination of employment with the University.
6. I understand that failure to comply with the policies, regulations, and guidelines set forth herein may result in termination of my employment from the University of Kentucky.

I hereby certify that I have read, understand, and shall adhere to the University of Kentucky College of Agriculture's Security Access Card policies, regulations, and procedures.

Cardholder Signature: _____ **Date:** _____

