



State of Louisiana

DIVISION OF ADMINISTRATION
OFFICE OF STATE BUILDINGS

ACCESS CARD STATUS CHANGE AUTHORIZATION FORM

Date: _____

Employee Name: _____ Agency: _____

Access Card Number: _____ SS# or DL# _____

ACTION:

Additional Access ~ Add access to following facility

1. _____ 2. _____

Time Change

24/7

Other _____

Deactivate

All access (**disable**)

Specific access to (facility):

1. _____ 2. _____

Delete Card # _____

Card holder no longer employed

Note: Deleted Card Must be returned to the Office of State Buildings

Damaged, Lost/Stolen Card Replacement (Note: Must be Accompanied By Employee identification Badge/Access Card Replacement Form (ISIS Form))

Damaged Card

Resulting from abuse (\$10 charge)

Resulting from normal use (No charge)

Damage Card # _____ (To be returned to the Office of State Buildings)

Lost Card Replacement

Lost Card # _____ (\$10 Charge)

Stolen Card Replacement

Deactivate

Stolen Card # _____

Police report attached

No police report attached (\$10 charge)

AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE: _____

Replacement Card # _____

PROCESSED BY: _____ **DATE:** _____

(Signature of Office of State Buildings Personnel)

OSB Security Office's Contact Information: Tel: (225) 219-4799; fax the complete and signed form to (225) 219-9309.