



***** PICTURE ID REQUIRED FOR FOB PICK UP *****

SIMON FAMILY JCC

**SANDLER FAMILY CAMPUS of the TIDEWATER JEWISH COMMUNITY
DOOR ACCESS CARD REQUEST
PLEASE PRINT CLEARLY**

PLEASE ISSUE TO: _____
Last Name First Name Mid. Initial

HOME ADDRESS: Street#, Street Name, Apt#, City, State, Zip

_____ Date of Birth Home Phone# Cell Phone#

First Fob Replacement Fob (#) Add Rights to Existing Card Card/Fob exchange
broken or lost (circle)

JCC ACCESS ONLY JCC MEMBER Links # _____
(Strelitz & Kids Connection requires additional form) (Links billpayer # _____)

FOB HOLDER'S ACKNOWLEDGMENT

I accept responsibility for the Sandler Family Campus fob issued to me and agree to:

- 1. Promptly return the fob when my Campus affiliation ends, when the card's use becomes unnecessary or unauthorized, or upon request. This includes end of JCC membership, or when my child's school enrollment concludes.
- 2. Pay the replacement cost for a fob that is broken or that I do not return.
- 3. Follow all rules regarding Sandler Family Campus access cards and fobs, including never lending or altering them, only using the fob for authorized purposes, and immediately reporting the loss or theft of my fob to Campus Security.
- 4. Firearms and weapons of any kind are strictly prohibited on the Sandler Family Campus with the exception of law enforcement with proper credentials.

_____ Cardholder's Signature _____ Date

FOR INTERNAL USE ONLY

CAMPUS SERVICES USE ONLY
HOTSTAMP# _____
DEACT. DATE _____
 RETURNED LOST
 BROKEN UNRETURNED
Billback @ \$10/Key Fob

CARD ISSUED BY: (JCC CSR use only)
PRINT NAME _____
DATE _____
ID VERIFICATION (CSR initials): _____

ACTIVATE DATE: _____ EXPIRATION DATE: _____
REQUESTING AGENCY: _____ BACK-CHECK: _____

APPROVED _____
Auth. Signature - Requesting Agency Date
APPROVED _____
Auth. Signature for Card Request- Other (if needed) Date
APPROVED _____
Auth. Signature for Card Request - Campus Services Date