COLUMBUS STATE
COMMUNITY COLLEGE

FITNESS CENTER LOCKER ROOM ACCESS REQUEST
Columbus Campus

Form must be completed and returned to the Columbus State Police Department. A Valid Cougar ID must be presented when the form is dropped off. You must use your Student Email for notification.

Name: _____ Cougar ID Number: _____
Please print clearly

Email: _____ You will be notified via email when application is completed.

EMPLOYEES ONLY – Department Name _____

STUDENTS ONLY

Address: _____ City: _____

State: _____   Zip Code: _____   Contact Phone: _____   Secondary Phone: _____

Disclaimer:

- Applicant must be a currently registered student and fees must be paid in full (or on deferment) before access is granted.
- Completion of this application does not guarantee access to the requested area.
- Access can be denied, limited, revoked, or cancelled, at the discretion of the Columbus State Community College, with or without prior notice to the applicant.
- Access to requested area is valid for the current semester only, and during normal Fitness Center hours of operation.
- Access will not be granted during semester break. A new form must be completed in person each semester.

Allow ten business days after receipt by the Columbus State Police Department for your application to be processed.

Access Guidelines for Use:

- Applicant is soley responsible for access card and its use and/or abuse
- Do not allow anyone to enter the Locker Room with you
- Do not loan or share your access card with anyone, including family or friends

Failure to comply with the rules and regulations of the Locker Room or Columbus State Community College may result in the revocation of privileges. If your card is lost or stolen, or if you notice any suspicious activity, please notify the Columbus State Police Department immediately at 614-287-2525.

My signature below acknowledges that I agree to abide by the Access Guidelines stated above. I further agree that I will abide by the rules and regulations of the Columbus State Community College Fitness Center as they may apply to the issuance and use of this access card.

_____   _____
Signature   Printed Name   Date

Police Department Use Only

ID Card Verified   Yes _____   No _____   Verified by _____   Date Received/Verified _____

Employee verification   Approved _____   Denied _____

Current Student   Yes _____   No _____   Information Verified By _____

Current Fees Paid   Yes _____   No _____

Application approved/denied and email notification sent on _____ (insert date)   Sent by _____
                                                                                                                                                Initials Only

Application approved and forwarded for activation on _____ (insert date)

Card Programmed on _____ (insert date)