UWG ACCESS CONTROL CREDENTIAL RETURN FORM

This form must be completed by the Department Head or Departmental Access Coordinator (DAC). Please contact the Work Information Center or email access@westga.edu for pick-up of the credentials.

GENERAL INFO	RMATION						
CONTACT				DATE			
DEPARTMENT				PHONE	<u> </u>		
DEDARTING	IDLOVEE		<u>'</u>				
DEPARTING EN	IPLOYEE		<u> </u>				
FIRST NAME		LAST NAME					
TITLE		DEPT					
UWG ID# (917)		EMAIL					
SEPARATION T	YPE						
☐ TRANSFERRING DEPARTMENTS ISSUED KEYS MUST BE RETURNED TO ACCESS CONTROL, EMPLOYEE CAN RETAIN ID ☐ SEPARATING FROM UNIVERSITY EMPLOYEE ID AND ISSUED ACCESS CONTROL						BE RET	URNED TO
UWG ID					KEY MAF	RK	QTY
(ID PLACEHOLDER)				- - - -			
to another Stat retained by the DEPT HEAD/I PRINT NAM DEPT HEAD/I SIGNATUR	ME DAC	eys only), or ter	rminatio	on of e			
ACCESS CONTROL NOTES							