

## ACCESS RESPONSIBILITY ACCEPTANCE

I hereby acknowledge that I have been issued a door PIN to use with my WESTCONNect identification card that may provide access to restricted areas on campus.

I understand that by signing this, I am agreeing to not allow others to use my card and to report lost cards immediately to the appropriate department(s). I also understand that a \$15 fee is applicable for all replacement WESTCONNect Cards.

The full current policy associated with card privileges as detailed at the WESTCONNect Card website ([www.wcsu.edu/WESTCONNECT](http://www.wcsu.edu/WESTCONNECT))

I understand that violation of these policies may result in termination of access privileges and/or further disciplinary actions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

WCSU ID#: \_\_\_\_\_

Date: \_\_\_\_\_

PIN#: \_\_\_\_\_