DEPARTMENTAL FACULTY/STAFF KEY REQUEST

Please submit this form to: Office of Access Control Services
COMPLETED AND SIGNED to: Department of Facilities & Administrative Services
Facilities Maintenance Building

By signing this document, recipient acknowledges and assumes all responsibility for said key(s). Keys are inventoried by Name and Employee Identification Number and are not to be transferred or issued to another individual. Recipient will be charged for lost or stolen key replacements and lock changes, if necessary. In the event of on-campus transfer or employment termination, keys are to be returned to the Department of Facilities & Administrative Services by the recipient so that the key assignment records may be updated and a receipt issued. **KEYS ARE TO BE PICKED UP BY THE USER ONLY!**

Please complete the following information:

Responsible Person’s Name (Type or print CLEARLY) ____________________________ Date ____________________________

Please check all that apply:

___ Current Employee    ___ New Employee    ___ On-Campus Transfer

___ Lost key(s) replacement (MUST attach Campus Police report)

Responsible Person’s Title ____________________________

Department ____________________________ Campus Extension ____________________________

Locations of requested keys:

If unknown, do not mark.

Building ____________________________ Room # ____________________________ Key ID # ____________________________ Description of Room/Area (Office, Lab, Closet, etc.) ____________________________

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Justification for requests for Master Keys or Multiple Keys (MUST be approved by Dean or President’s Advisory Council member.)

________________________________________________________________________

________________________________________________________________________

Obtain approval signatures: (Requests that do not include all of the required information or signatures WILL BE RETURNED!)

Chairperson/Director: __________________________________________ Signature: ____________________________

Dean/PAC Staff Member: (Required For Master Keys) __________________________________________ Signature: ____________________________

Approved: ____________________________ Date: ____________________________

Vernon Kelley
Access Control Supervisor

Kathryn E. Leverton
Associate Vice President for Facilities & Administrative Services
(Required for Grand Master Keys)

Completed by: ____________________________ Date: ____________________________

(Revised 1/18/11)