

# FACULTY/STAFF KEY REQUEST

Please submit this form  
COMPLETED AND SIGNED to:

**Office of Access Control Services**  
Facilities Maintenance Building

- Keys can only be picked up by the assignee.
- Keys are not to be transferred or loaned to another employee.
- Keys are to be returned to the Facilities main office when they are no longer needed.
- Lost keys must be reported to Campus Police immediately.
- Visit [accesscontrol.pages.tcnj.edu](http://accesscontrol.pages.tcnj.edu) for all policies in effect.

**DFAS Office Use Only**

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

Date: \_\_\_\_\_ Photo ID Checked: \_\_\_\_\_

**Assignee's Name**

*Please check all that apply:*                      \_\_\_ Student Worker  
 \_\_\_ Current Employee    \_\_\_ New Employee    \_\_\_ On-Campus Transfer  
 \_\_\_ Lost Key(s) Replacement: *List Campus Police case number below.*

\_\_\_\_\_ Date

\_\_\_\_\_ Email

\_\_\_\_\_ Campus Extension

\_\_\_\_\_ Assignee's Title

\_\_\_\_\_ PAWS/Employee ID Number

\_\_\_\_\_ Department

**Locations of requested keys:**

\_\_\_\_\_ Building

\_\_\_\_\_ Room #

**If unknown, do not mark**

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Description of Room/Area (office, lab, closet, etc.)

\_\_\_\_\_ Building

\_\_\_\_\_ Room #

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Description of Room/Area (office, lab, closet, etc.)

\_\_\_\_\_ Building

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\_\_\_\_\_ Description of Room/Area (office, lab, closet, etc.)

\_\_\_\_\_ Building

\_\_\_\_\_ Room #

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Description of Room/Area (office, lab, closet, etc.)

Justification for requests for master keys, or multiple copies of the same key. Request must be approved by Dean or PLC member.

\_\_\_\_\_  
 \_\_\_\_\_

**Obtain approval signatures:** *Requests that do not include all of the required information or signatures will be returned.*

Chairperson/Director: \_\_\_\_\_  
 Printed Name

**X** \_\_\_\_\_  
 Signature

Dean/PLC Staff Member: \_\_\_\_\_  
 (Required for Master Keys) Printed Name

**X** \_\_\_\_\_  
 Signature

**DFAS Office Use Only**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vernon Kelley  
 Supervisor of Access Control

\_\_\_\_\_ Date: \_\_\_\_\_  
 Kathryn Leverton  
 Associate Vice President for Facilities & Administrative Services

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

(Revised 1/24/17)