

Key Access Request Form

Keys will be made in exact accordance with information received from this form only.

Date: _____ Campus: **D C N S G E M**
 (Circle one)

Campus approval: _____
 Print name: _____
 Title: _____

Supervisor Requesting Key(s): _____
 Name: (Please Print) Department Ext. (Approval Initial)

Employee Information (Check One)

Full-time: _____ Part-time: _____ Adjunct Faculty(Proximity Card Key Only): _____

Last Name: _____ First Name: _____ Middle Initial: _____
 GID#: _____ Department: _____ Ext.: _____

_____ New Key

Building: _____ Room: _____
 Building: _____ Room: _____
 Building: _____ Room: _____

_____ Transfer Key

Transferring Key Owner: _____ **GID #** _____
 Building: _____ Room: _____ Key#: _____
Transferring Key Owner: _____ **GID #** _____
 Building: _____ Room: _____ Key#: _____

(Key will be transferred to employee named above)

_____ Lost Key - Replacement

(Receipt must be attached)

Lost Key #: _____ Receipt #: _____ Amount Paid \$: _____
 Building: _____ Room: _____
 Lost Key #: _____ Receipt #: _____ Amount Paid \$: _____
 Building: _____ Room: _____

_____ Returning Key(s)

Key#: _____ Key#: _____ Key#: _____
(Place returned keys in an envelope and staple to this form)

Comments

Office Use Only

Request completed by Access Control: _____ Date: _____