

University Key/Access Credential Request Form

ALL FIELDS ARE REQUIRED

Section 1: Identification - Enter information of the individual receiving key(s) / access credential(s)

| | | | | |
|------------|-----------|--------------------------|---------|--------------|
| Net ID | Last Name | First Name | MI | Date |
| Department | | PeopleSoft DEPARTMENT ID | Phone | Email |
| Check one: | Staff | Faculty | Student | Other: _____ |

Section 2: Requestor Information

| | | | |
|------|------------|-------|-------|
| Name | Department | Email | Phone |
|------|------------|-------|-------|

Section 3: Request Type - Enter the type of request

Check one: New Replacement Other: _____

Section 4: Building Access - List Buildings and Rooms access is requested for

| Building | Room # | Room # | Room # | Room # | Room # |
|----------|--------|--------|--------|--------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Access Credential ONLY Days (Check all that apply): | Start Time | Stop Time | Student, Faculty Expiration Date | | | | | | | | |
|---|------------|-----------|----------------------------------|-------|-----|-----|-----|-----------------------|--|--|--|
| <table style="width: 100%; text-align: center;"> <tr> <td>Mon</td><td>Tue</td><td>Wed</td><td>Thurs</td> </tr> <tr> <td>Fri</td><td>Sat</td><td>Sun</td><td>$\frac{24}{7}$ 365</td> </tr> </table> | Mon | Tue | Wed | Thurs | Fri | Sat | Sun | $\frac{24}{7}$ 365 | | | |
| Mon | Tue | Wed | Thurs | | | | | | | | |
| Fri | Sat | Sun | $\frac{24}{7}$ 365 | | | | | | | | |

Section 5: Replacement / Missing Key(s) / BayCard: Complete this section for all replacement / missing key(s) / BayCard(s)

Details: _____

Last Date of Possession _____

Signature of Key / Access Card Holder: _____

Section 6: Students - Complete this section for student key / access credential requests

Reason: _____

Address: _____

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

**\$20.00 Deposit per key must be paid to the University Cashier, and a receipt attached to this request
The deposit will be refunded by mail when key(s) is / are returned to Facilities Management.**

Signature of Student Sponsor: _____

Section 7: Required Approvals

Signature of Department Chair/Manager (required)

Signature of Building Key Representative (required)

Signature of AVP, Facilities Development & Operations (required for Grand Master Keys and Building Master Keys ONLY)

**Submit completed form
to: Facilities
Management University
Key(s) FM
Questions: Call 5-4444**