

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 DEPTID	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 Days (Check all that apply):				Start Time	Stop Time	Expiration Date	Student Expiration
Mon	Tue	Wed	Thurs				Term
Fri	Sat	Sun	<u>24/7</u> 365				Year

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 Building Master Keys only)

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