

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
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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
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**\$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**