

# Key Access Request Form

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

Date: \_\_\_\_\_ Campus: **D C N S**  
 (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: \_\_\_\_\_