



KEY and ELECTRONIC ACCESS REQUEST FORM

Costs associated with key misuse, loss, or non-return, which cannot be collected from the key holder, will be borne by the department.

FLC Policy 9-7 Paragraph II.A.4

Keys to be issued to:			Date:		
ID Number		Email:		Campus Phone Ext.	Contact Person Phone/Email:
Please check one:	<input type="checkbox"/> Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Contractor	
Position/Title:			Key Return Due Date: <i>Required for Student Issued Keys</i>		
Responsible Department:			Budget Code:		
Dean/Supervisor Printed:			Dean/Supervisor Signature:		
Building(s)/Room(s) requesting access Please do not request key by key code					
Building:	Building:	Building:	Building:		
Room #:	Room #:	Room #:	Room #:		
Room #:	Room #:	Room #:	Room #:		
Room #:	Room #:	Room #:	Room #:		
Room #:	Room #:	Room #:	Room #:		
Room #:	Room #:	Room #:	Room #:		
Include access to building main doors? <input type="checkbox"/> Yes <input type="checkbox"/> No Electronic Access? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for Access:					
If the key request affects two or more departments, the appropriate department(s) must approve request below:					
Department	Director		Signature		
Locksmith Comments:					