



ACCESS REQUEST FORM

Office of Institutional Facilities

To be issued to (print or type name): _____
Last First Middle Initial

Full Time Part Time Dept / Organization: _____

Tenant Contractor Employee Number: _____ Phone / Ext: _____

To ensure prompt processing and notification of completion, fill out this form completely.

Electronic Access Key (FOB) / Room #'s	Key(s) / Room #'s
_____	_____
_____	_____
_____	_____

Authorized by (print or type): _____
(Note: You can not authorize your own access)

Authorized Signature: _____ **Date:** _____
(Immediate Supervisor required to process request)

It normally takes **six (6) days** to process FOB/key requests. Every effort will be made to notify you when the FOB's/keys are ready. FOB's/keys may be picked up in the Office of Institutional Facilities (Lane Thomas Building, Rm. 121). **A CURRENT STAFF ID WILL BE REQUIRED TO PICK UP THE KEYS.**

College FOB's / keys are not to be loaned, transferred, or duplicated. When specified period of issue has expired, at the onset of an extended leave or upon termination of position, all keys must be returned to the Office of Institutional Facilities. If lost, promptly file a report with the Office of Institutional Facilities (ext. 2570).

Forward all requests to the Office of Institutional Facilities.

Office of Institutional Facilities use only PROCESS NUMBER: K- _____ - _____

Meets Procedure Guidelines: YES NO Initials: _____

If No, please give reason: _____

Date request approved: _____ or date request denied: _____

FOB's/Key numbers made: _____ by: _____

I verify that I have received all FOB's and keys as stipulated on this request form:

Signature: _____ **Date:** _____