

# NAZARETH COLLEGE KEY/24 CARD ACCESS REQUEST FORM

In compliance with the Nazareth College Key/Card Access Policy

**Please submit this form to Campus Facilities Department**

Last Name: (to whom key is assigned) \_\_\_\_\_ First name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dept: \_\_\_\_\_ Title: \_\_\_\_\_

Status:  Faculty  Staff  Student  New Hire  Rehire  Part-time Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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Key Access Location: Bldg.: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room/Office #: \_\_\_\_\_

Card Access Location: Bldg.: \_\_\_\_\_ Access 24/7: \_\_\_\_\_ Access 8 to 5: \_\_\_\_\_

Justification: (Date Needed): \_\_\_\_\_

Signature

Authorization Representative Approval: \_\_\_\_\_  
Pres/VP/Dean/Chair/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name

Authorization Representative Approved: \_\_\_\_\_

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**\*\*Special Request pertaining to key and card access, such as, 24/7 building access, will require justification (see Key Policy Form) to be approved by appropriate Vice President and then submitted to the Director of Facilities Planning and Administration**

**\*\*Key/Card Access Approval:**

\_\_\_\_\_  
Michael LaPoint, Director of Facilities Planning and Administration \_\_\_\_\_  
Date \_\_\_\_\_

Shop Use Only (Facilities)

Date Processed: \_\_\_\_\_

Key #: \_\_\_\_\_

Work Order #: \_\_\_\_\_

Issued#: \_\_\_\_\_

Approved: \_\_\_\_\_

Completed/Phoned: \_\_\_\_\_

Card Access use Only (Campus Safety)

Date Processed: \_\_\_\_\_

Completed/Phoned: \_\_\_\_\_

Approved: \_\_\_\_\_

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Complete this Section when KEY is received (See Nazareth College Key/Card Access Policy)

I, the undersigned, acknowledge receipt of the key/card access above. I also agree not to loan, transfer, give possession of, misuse, or alter the above key/card access in any way. I further agree not to cause, allow or contribute the making of any unauthorized copy of the key.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_