

NAZARETH UNIVERSITY KEY/24 CARD ACCESS REQUEST FORM

In compliance with the Nazareth College Key/Card Access Policy

Please submit this form to Campus Operations 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: _____

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: _____

****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:**

Brian McGahan, Director of Campus Operations _____ 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: _____

Complete this Section when KEY is received (See Nazareth University 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: _____