

FACULTY AND STAFF
INTERIOR DOOR KEY/CHIP REQUEST FORM

Print Name: _____ **G#** _____ **Position:** _____

Department Phone: _____ **Department:** _____

Interior Door Key/Chip (Suites, Classrooms, and Labs): Individuals eligible for interior door access include full or part-time faculty and staff. Requests must be made on the proper form and approved by the Department Chairperson or Director. **A fee of \$10 shall be charged for a lost key/chip. If lost a key/chip results in increased costs to replace or re-key the lock(s), this additional cost will added to the fee. Fees must be paid at the Business Office (Eder Hall 104). A paid receipt and a new key/chip request form must be presented to the Key Distribution Office (Popplewell Hall 103) before a new key/chip will be issued.**

Building: _____

Room Numbers:

_____ 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other _____
_____ 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other _____
_____ 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other _____
_____ 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other _____
_____ 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other _____
_____ 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other _____

AUTHORIZATIONS:

Dept. Chairperson or Director:

Date:

NOTE: All Authorization spaces must be completed before request will be processed.

Key Distribution Office use Only:

Chip # Issued: _____ **User Group:** _____

Notes: