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 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other ______
0 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other ______
0 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other ______
0 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other ______
0 0 Individual Office: 0 Office Suite 0 Classroom 0 Lab 0 Other ______
0 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: ________________________________

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