



# The University of Alaska Southeast Electronic Access/Key Request Form

OFFICE USE  
Card # \_\_\_\_\_

**Request for:** \_\_\_\_\_  
Last Name First Name Middle Initial SS Number

## Increase Electronic Access

**Building/Room:** \_\_\_\_\_ **Purpose of Access :** \_\_\_\_\_  
**Exp. Date:** \_\_\_/\_\_\_/\_\_\_ **Hrs. of Access:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ / \_\_\_/\_\_\_  
*(Dean/Director Approval) Date*

**PHYSICAL PLANT USE:**  
**Emp. Verified:** \_\_\_\_\_  
**Date Activated:** \_\_\_\_\_

**Building/Room:** \_\_\_\_\_ **Purpose of Access :** \_\_\_\_\_  
**Exp. Date:** \_\_\_/\_\_\_/\_\_\_ **Hrs. of Access:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ / \_\_\_/\_\_\_  
*(Dean/Director Approval) Date*

**Emp. Verified:** \_\_\_\_\_  
**Date Activated:** \_\_\_\_\_

## Reduce Electronic Access

**Building/Room:** \_\_\_\_\_ **Purpose of Expiration:** \_\_\_\_\_  
**Exp. Date:** \_\_\_/\_\_\_/\_\_\_ **Hrs. of Reduction:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ / \_\_\_/\_\_\_  
*(Dean/Director Approval) Date*

**PHYSICAL PLANT USE:**  
**Term. Verified:** \_\_\_\_\_  
**Date Deactivated:** \_\_\_\_\_

**Building/Room:** \_\_\_\_\_ **Purpose of Expiration:** \_\_\_\_\_  
**Exp. Date:** \_\_\_/\_\_\_/\_\_\_ **Hrs. of Reduction:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ / \_\_\_/\_\_\_  
*(Dean/Director Approval) Date*

**Term. Verified:** \_\_\_\_\_  
**Date Deactivated:** \_\_\_\_\_

## Key Issue/Policy Agreement

**Building:** \_\_\_\_\_ **Room No.** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
*Applicant Date*

**Signature:** \_\_\_\_\_  
*Dean/Director Approval Date*

The applicant agrees not to duplicate or permit the duplication of this key. All keys are the property of UAS. Keys will be returned to Physical Plant when no longer needed or upon termination of employment. Under no circumstances will keys be loaned or transferred to others.

UAS has placed a value of \$25.00 on each lost key to help defray the cost of reissue of keys and/or recombination of locks. New keys will not be reissued until keys no longer needed are turned in or lost keys are paid for. A deduction may be made from final paychecks for keys not returned at the time of termination of employment with UAS.

I understand and agree to abide by the policy stated above.

\_\_\_\_\_  
*Signature  
(Received Key)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department*

**PHYSICAL PLANT USE:**  
**Key Number:** \_\_\_\_\_  
**Verification of employment:** \_\_\_\_\_  
**Work Order No.** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
*Building Services Supervisor*  
**Notified:** \_\_\_\_\_  
*Date*

## Key Return Receipt

**Name:** \_\_\_\_\_ **Key Number:** \_\_\_\_\_

**Date Key Returned:** \_\_\_\_\_ **Received By:** \_\_\_\_\_