

The University of Alaska Southeast Electronic Access/Key Request Form

OFFICE USE
Card #

Request for: _____
Last Name
First Name
Middle Initial
UA ID 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 Facilities Services when no longer needed or upon termination of employment. Under no circumstances will keys be loaned or transferred to other UAS. 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: _____