



FOR OFFICE USE ONLY
Work Order No. _____

Key/Access Request Form

Please complete this form, with all necessary signatures and submit to Facilities Services. An email notification will be sent when access is granted or keys are ready to be picked up. Keys must be picked up within 30 days of notification.

Staff/Faculty Use:

Requestor: _____ Employee Class: _____ Employee ID #: _____
(Last Name) (First Name) (Required)

CSU Email: _____ Requestor Phone: _____

Department: _____ Supervisor: _____ Supv. Phone: _____

Keys:

Type: _____ If a Transfer, indicate from whom the key(s) is being transferred: _____

* ACCOUNT CODE REQUIRED:
 Account: _____ Fund: _____ Dept: _____ Program: _____ Project: _____

Card Access:

Type: _____ Start Access: _____ End Access: _____

* ACCOUNT CODE REQUIRED:
 Account: _____ Fund: _____ Dept: _____ Program: _____ Project: _____

Please list each key separately. Room number is required for all interior doors. (Attach a separate sheet if additional keys are required.)

"Lock Shop Use Only"

Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____
Building/Area: _____	Type: _____	Room Number: _____

Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____
 Key #: _____

Approvals Requestor/Department Required for all Keys/Access:

Requestor Signature Required: _____
Signature Date

Print Name: Dean/Department Chair/Manager _____
Signature Date

Approval Required For Grand Master Key/Campus Wide Access Only:

Dr. Ellen Junn _____
President Signature Date

Authorization to use other Department Space:

Print Name: Dean/Department Chair/Manager _____
Signature Date

Lock Shop Use Only: Email Notification Date: