

Key/Card Access Request & Agreement

Complete and return to St. Cloud State University (SCSU) Public Safety Department
CONTRACTORS – use the Contractor Building Key/Card Access Request & Agreement Form

A. KEY HOLDER INFORMATION: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (specify):		
Key Holder Name - Person needing key/card: (Last, First, MI)	University Tech ID Number:	Date:
Phone Number:	E-Mail Address:	
Department:	Job Title:	

B. ACCESS DETAILS: <input type="checkbox"/> Physical Key(s) <input type="checkbox"/> Electronic Key Card				
Key Number: (PSD Use)	Building Name:	Room, Door, Cabinet (etc.) Number:	Days and Hours Access Requested (cards):	Access End Date – temporary keys/ cards:

If your request exceeds the number of entries above, attach an additional list with the same four columns as above.

Explain Reason for Request:

C. REQUESTOR INFORMATION: (Complete this section if you are an Office Manager, Supervisor, or other SCSU Employee making this key/card request on the Key Holder's behalf)	
Name of Requestor:	Title of Requestor:
Phone:	E-Mail Address:

D. APPROVALS: (All requests must be approved by the person's supervisor before issuance.)		
Key Holder's Supervisor Name:	Signature:	Date:
Outside Area Dean/Director/Dept. Head Name: (Optional)	Signature:	Date:
VP of Finance and Administration, or Designee Name: (Required for Great Grand keys)	Signature:	Date:

KEY/ACCESS CARD AGREEMENT (DO NOT SIGN AGREEMENT UNTIL KEY/CARD IS RECEIVED)

- I agree to limit my access to university property for legitimate SCSU purposes. Upon request by Public Safety, Facilities Management, or any SCSU employee, I agree to provide identification and explain the legitimate purpose requiring my presence on university property.
- I understand that keys and/or access cards issued to me by the St. Cloud State University are the property of the University and I agree to return this property as indicated in SCSU's Key and Electronic Key Card Policy and Procedure.
- **I agree to not loan, transfer, give possession of, misuse, modify, alter, or make a copy of the key and/or access card.**
- If key(s)/access card(s) issued to me are lost, misplaced, or stolen I agree to notify the SCSU Public Safety Department immediately.
- **I, the undersigned, acknowledge receipt of the keys and/or access cards designated in Section B of this form and I further understand and agree to abide by the provisions of this agreement and SCSU's Key and Electronic Key Card Policy and Procedure.**

Person Issuing Key(s)/Access Card:	
Key Holder Signature (By my signature I acknowledge receipt of all key/access cards listed on this form):	Date:

Key/Access Card Form Instructions

Please Type or Print All Fields Legibly

SECTION A – PERSON INFORMATION

Select the appropriate checkbox identifying whether the key holder is a Faculty Member, Staff, Student or Other.

Key holder Name – This is the name of the person to be issued the key and/or access card.

Key holder University Tech ID Number – This is the person’s University ID Number. Vendors should use their company ID number.

Date – Enter the date the request is being made/the form is being initiated.

Phone Number – Enter the phone number of the person who is to receive the key/access card.

E-Mail Address – Enter the e-mail address of the person who is to receive the key/access card.

Job Title – Enter the job title/position of the person who is to receive the key/access card.

Department – Enter the Department name of the person who is to receive the key/access card.

SECTION B - ACCESS TYPE NEEDED

Select the appropriate checkbox to indicate whether a key and/or an access card are being requested.

Access Details – Enter the Building Name(s), Room Number(s) or Door Number(s), and hours for which access is needed. e.g., Admin/ AS-106-L/8:00am-4:30pm, Centennial Hall / CH-423/Mondays 3:00pm – 4:00pm, etc.

Access End Date – List the date that access is needed until (this is used for access card programming). Once this date has passed, the access card would be disabled and/or keys should be returned.

If Access is Needed Indefinitely – Write NONE or N/A in the **Access End Date** box when requesting a permanent key.

Reason for request – Explain the purpose for the access.

SECTION C - APPROVAL INFORMATION (All requests must be approved by the person’s supervisor)

This section is completed only if someone other than the key holder is completing the request form.

Name of Requestor – This is the person in the department who completes the request form, typically the administrative assistant or department head.

Title of Requestor – This is the Job Title of the person completing the request form.

Phone – Enter the campus phone number where the requestor can be reached.

E-Mail Address – Enter the campus e-mail address where the requestor can be reached.

Key Holder’s Supervisor’s Name – Enter the name, obtain signature and date of the Supervisor authorizing access.

*****ALL Great Grand Master Key requests require approval by signature of the V.P. of Finance and Administration, or Designee.**

KEY/ACCESS CARD AGREEMENT

NOTE: **DO NOT SIGN THIS KEY/ACCESS CARD AGREEMENT UNTIL YOU ACTUALLY RECEIVE THE KEY.**
YOUR SIGNATURE IS AN ACKNOWLEDGEMENT OF RECEIVING THE KEY/ACCESS CARD

Person Issuing Key/Access Card – Name of the person issuing the key to the key holder listed in Section A.

Key holder signature – Key holder signs here when they pick up the key/card after reading the Key/Access Card Agreement. This person must also provide a photo ID when picking up a key/card.

Date – This is the date the key and/or access card was issued to the key holder listed in Section A.

ROUTING INSTRUCTIONS: This completed “Key/Card Access Request & Agreement” form may be scanned and e-mailed to access@stcloudstate.edu, sent through intercampus mail to Public Safety or dropped off at St. Cloud State Public Safety Department during normal office hours for processing.

NOTE: Incomplete/inaccurate forms may delay processing.