

Key Return & Card Access Deactivation

Complete and return to St. Cloud State University (SCSU) Public Safety Department

A. KEY HOLDER INFORMATION:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (specify):	
Name (<u>Last, First, MI</u>):	University Tech ID Number (for Vendors – company name):	
Phone Number:	E-Mail Address:	
Department (for Vendors – SCSU area where work performed):	Job Title:	

B. KEY RETURN:		
Key Number	Building Name/room#	Comments:

C. CARD ACCESS:	Card Access Deactivation: <input type="checkbox"/> Yes <input type="checkbox"/> No
List the Building Name:	List the room # or door your card opens

D. RETURN/DEACTIVATION REASON:	<input type="checkbox"/> Leaving SCSU <input type="checkbox"/> Office Move <input type="checkbox"/> Position Change <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other (specify):
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E. APPROVALS:	
I hereby certify the information provided on this form is true and correct to the best of my knowledge.	
Key Holder Signature	Date
I hereby certify I have received the keys/cards indicated on this form.	
University Representative Signature	Date

Form Instructions

Please Type or Print All Fields Legibly

Section A: Key Holder Information

Select the appropriate checkbox identifying whether the key holder is a Faculty Member, Staff, Student or Other. All information in section A will be about the key holder. The date should be the date physical keys are being returned and/or key cards are being deactivated.

Section B: Key Return

Identify the keys being returned. List the building(s) and/or room(s) to which the key provides access.

Section C: Card Access

Identify where key access needs to be deactivated. List the building(s) and/or room(s) to which the key card provides access.

Section D: Reason for Return and/or Deactivation

Identify why the keys are being returned or why key card access deactivation is being requested.

Section E: Approval Information

Signatures and dates of the key holder and the university representative processing the return or deactivation.