

Contractor Key/Card Access Request & Agreement

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

Please Type or Print Legibly

A. KEY HOLDER INFORMATION:		
Key Holder Name <u>(Last, First, MI)</u>	Driver's License:	Date:
Cell Phone Number:	Contracted Company Name:	
Position Title:	Contracted Company Phone Number:	

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
Explain Reason for Request Or Attach Service Ticket:				

C. PROJECT INFORMATION:	
	Project Start Date:
SCSU Contracting Department:	SCSU Contact Person:
Purchase Order #:	Department Contact Phone Number:
Name & Title of Approving SCSU Employee:	SCSU Approver Signature (forms w/ electronic signatures must come via email from the signer's email address)

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 understand that the contracted company may be responsible for costs associated with lost/stolen keys and/or access cards.
- **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 Driver's License Number – This is the person's driver's license number.

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

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

Company Name – Enter the company name of the key holder who is to receive the key/access card.

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

Company Phone Number – Enter the Company's main telephone number 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 M-F, OR 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.

Reason for request – Explain the purpose for the access. **Please note if a Master Key is being requested.**

SECTION C - PROJECT INFORMATION

Project Start Date – the date that keys should be issued or an electronic card activated to allow access related to the project.

SCSU Contracting Department – This is the name of the department that has contracted the service.

Department Contact Person – This is the name of the person in the SCSU department overseeing the contracted work.

Purchase Order Number – The purchase order number for the contracted work.

Department Contact Phone Number – The phone number for the department contact person.

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

Signature of PSD Employee Issuing Access – Signature of Public Safety employee who is granting access.

Signature of Person Receiving Key/Access – 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 "Contractor Key/Card Access Request & Agreement" form may be scanned and e-mailed to access@stcloudstate.edu, sent through intercampus mail to Public Safety at PSC, or dropped off at St. Cloud State Public Safety Department during normal office hours for processing.

NOTE: Incomplete/inaccurate forms may delay processing.