SAINT MARY'S UNIVERSITY SINCE 1802

One University. One World. Yours.

☐ **Key Request** ☐ **Access Card Request**

* Key / Card must be signed for personally by the individual the key is issued to.
* **Return both copies of the form to Facilities Management.**
* To replace lost or stolen keys / access cards, a lost/stolen key/access card report must be completed prior to issuance of replacement

Building	Room #'s	Key Code #'s	Room(s) Used For What?

1 **Requested for whom:** _____

Position: ☐ FT Staff ☐ FT Faculty ☐ Other - Please Specify

☐ PT Staff ☐ PT Faculty _____

2 Replaces lost / stolen key / card: ☐ Yes ☐ No

If yes, report completed: _____

3 Department: _____

4 Department Phone #: _____

5 Name of signing authority (please print): _____

6 Title of signing authority (please print): _____

7 Signature of signing authority: _____

8 **Date key / card to be returned (request form invalid without return date):**

_____

For Office Use Only

University Security Authorization: _____ Date: (dd/mm/yy)

ISSUED BY: _____

RECEIVED BY: _____ Date: (dd/mm/yy)

2 Copies: (1) Facilities Management (2) Department