

Key / Access Card Form

Please print and complete all information in Sections 1, 2, and/or 3.

Section 1 – ACCESS USER INFORMATION					
<i>Last</i>		<i>First</i>		Employee #:	
Name:					
School:	Dept:	Ext #:	Date:		
Email:					
Contract Type:	Position:		Contract Expiry Date:		
Reason for Request:	<input type="checkbox"/> New	<input type="checkbox"/> Lost/Stolen	<input type="checkbox"/> Change of Access	<input type="checkbox"/> Damaged	
Supervisor Name:			Supervisor Signature:		

Section 2 – KEY REQUEST		
Door		
1		
2		
3		
4		

Section 3 – CARD REQUEST			
Door	Hours of Access	Days of Access	Expiry Date
1			
2			
3			
4			

FACILITIES / ITSS Use Only				
Locksmith	Key Code/Inventory #	Key Wizard #	Date Issued	
	1			
	2			
	3			
	4			
Access Administrator	Access Level Granted/Removed	Access Card #	Issued	Expire
	1			
	2			
	3			
	4			

ACKNOWLEDGEMENT & SIGNATURES	Section below to be completed upon receipt of access
<p>I acknowledge the receipt of the above-mentioned key(s) and/or card access. I agree not to loan, transfer, give possession of, misuse, modify or alter the key(s) and/or access card(s). I also agree not to cause, allow, or contribute to making any unauthorized copies of the above key(s) and/or access card(s).</p> <p>I understand that violating this agreement may render me responsible for expenses related to re-keying doors and affected areas. I also understand that I must immediately report any lost/stolen key(s) and/or access card(s) to ITSS.</p> <p>All keys and cards are property of Anglophone West School District. I understand that if I lose my key(s) and/or access card(s) This must be reported immediately and /or do not return the key(s) and/or access card(s) within a week of my last day of employment at ASD-W the cost of the key(s)/card(s) will be your responsibility.</p>	

Issued on:

Signature of Access User / Signature of Security Officer / Date

Returned on:

Signature of Access User / Signature of Security Officer / Date