Arizona Western College
Key & Access Code Request Form

Date: _____

Reason for request: New employee _____ Lost/Stolen keys _____ Compromised code _____ Change of location _____

Institution requesting access: AWC _____ | NAU _____ | UA _____ | ASU _____ | Other: _____

Request key/code for: _____ Employee ID: _____

Position / Title: _____ Division/Department: _____

Employees email: _____ Phone: _____ Start Date: _____

Employment status (check): Full Time _____ Part Time* _____ (Only full-time employees will be issued keys. Part time employees are issued access codes) *Exceptions apply for part time employees in specific areas and circumstances.

Please send completed request to **risk.management@azwestern.edu** for approval. After approval the request will be sent to the Locksmiths for processing. Allow 3-5 business days for processing. Once completed, the employee will receive an email advising the key/code is ready for pickup at AWCPD.

<u>Do not list identifiers stamped on keys, the request will not be processed. List each room or location area for access</u>.

Key Request			**Code Request**		
List Building	Rm # or space	Locksmith notes	List Building	Rm # or space	Locksmith notes
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Supervisor Signature _____ **Date** _____

Director, Associate Dean, Dean or VP Signature _____ **Date** _____

Director of Risk Management Signature _____ **Date** _____

Vice President for Finance and Administrative Services _____ **Date** _____
(Required for Grand Masters and Great Grand Maters key requests)

President Signature _____ **Date** _____
(President's signature required for Great Grand Master keys only)

This is to certify receipt of key number(s) listed above for the room(s)/building as indicated above. I acknowledge I am held responsible for the safekeeping and control of said key(s) and will not allow it/them to leave my immediate possession. Key(s) are to be returned to the AWC Police Department upon my termination of employment and/or during summer vacation. I understand that if I lose a key, I may be charged the replacement cost. (See Procedure 210.2).

Signature: _____ **Date:** _____