

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 Contractor Employee ID # _____

Request a key/code be issued to _____

Position _____ Division/Department _____

Employees email: _____ Phone: _____

Employment status (check): Full time Part time* Only full-time employees will be issues keys. Part time employees are issued keypad codes. *There are some exceptions for part time employees in specific areas and circumstances.

Pease send completed request to **risk.management@azwestern.edu** for approval and processing. Allow 3 business days for the Locksmiths to process and send notification by email of completion.

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

Key Request

List Building	Rm # or space	Locksmith notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Code Request

List Building	Rm # or space	Locksmith notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor Signature _____ Date _____

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

Director of Risk Management _____ 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 _____