IDENTIFICATION AND ACCESS CONTROL CENTER
OFFICE OF EMERGENCY MANAGEMENT AND SUPPORT SERVICES

ID/ACCESS REQUEST FORM

PLEASE PRINT OR TYPE

CHECK ALL THAT APPLY   ID ☐   ACCESS ☐

ID TYPE: _____

REQUESTOR: _____   EMPLOYEE ID#: _____

DEPARTMENT: _____   FOAP#: _____

BUILDING: _____

ROOM/SUITE NUMBER: _____

SUB-MASTER ☐   MASTER KEY ☐

EXPIRATION DATE: _____

NOTE: ALL KEYS ARE CHARGED TO THE APPROPRIATE ACCOUNT NUMBER.
THE CHARGES ARE AS FOLLOWS: $15.00 FOR REPLACEMENT CARDS.

I HAVE READ THE KEY CONTROL POLICY AND AGREE TO COMPLY WITH ALL PROVISIONS. I ALSO UNDERSTAND THAT ANY VIOLATORS OF ANY PART OF THE KEY CONTROL POLICY WILL BE SUBJECT

TO DISCIPLINARY ACTION AND MAY LEAD TO TERMINATION. I FURTHER UNDERSTAND ALL KEYS ASSIGNED TO ME MUST BE RETURNED UPON RESIGNATION/TERMINATION BEFORE RECEIVING MY FINAL CHECK. IF I DO NOT RETURN THE ASSIGNED KEY (S). I AUTHORIZE THE COST OF THE KEY (S) AND CORE TO BE DEDUCTED FROM MY TERMINAL BENEFITS.

SIGNATURES:

_____   _____   _____
REQUESTOR   EXTENSION   DATE

_____   _____   _____
SUPERVISOR   EXTENSION   DATE

_____   _____   _____
DIRECTOR / DEPARTMENT HEAD   EXTENSION   DATE

_____   _____   _____
VICE PRESIDENT (Required for ALL ACCESS Cards)   EXTENSION   DATE

APPROVAL

APPROVED: ☐   DENIED: ☐   ID Center Approval: _____

Date: _____