ast Name:		
asi name:		

Key Request

Faculty/Staff

Building Name

Choose	one	only:
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Personal office key(s)



Department use/keyset Department of Campus Safety **General Information** E Number: _____ Adjunct Professor: Date: _____ First Name: _____ Last Name: _____ Department: _____ **Contact Information** Phone Number: _____ Email: _____ Office: _____ Master keys are not issued without special authorization. **Key Information** Building Name/Facility **Room Number** Print Name For security and employee/student privacy reasons, master keys will not be issued to employees without special authorization from the University administration. **University Key Policy** Concordia University Irvine strives to provide a safe and secure environment. Your proper use and handling of assigned University keys and proximity access cards will help to maintain a secure campus environment. All keys and proximity access cards are University property and loaned to you during your time of employment. The signatory is personally accountable for all University keys and/or proximity access cards issued to him/her. When the signatory no longer needs University key(s) and/or proximity access card, it is his/her responsibility to see that the key(s) and/or card are returned to HR or the Department of Campus Safety. University key(s) or proximity access cards may not be reproduced, exchanged, or loaned. Lost or stolen key(s) or proximity access cards must be reported to the Department of Campus Safety immediately. Loss of issued key(s) or proximity access cards may result in a replacement fee or the cost to rekey affected doors. Upon receiving your keys and agreeing to the above University Key Policy, please sign below Signature: Date: _____ Please return completed application to Campus Safety in the Administration building suite 103. Office Use Only Authorizing Campus Safety Signature: Received on:

Room Number

Key Code

Proximity #