

# FACILITIES ACCESS REQUEST FORM

**\*\*\*\*\*All information is required in order for this request to be processed, no exceptions\*\*\*\*\***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Please check the appropriate box and fill in dates**

- |  |   |
|--|---|
| <input type="checkbox"/> Faculty — Full Time | <input type="checkbox"/> Faculty — Part Time → Employed from _____ thru _____ |
| <input type="checkbox"/> Staff — Full Time   | <input type="checkbox"/> Staff — Part Time → Employed from _____ thru _____   |
| <input type="checkbox"/> Student — Academic  | <input type="checkbox"/> Student — Employee → Employed from _____ thru _____  |

PLU ID# \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Department \_\_\_\_\_ Reason for Access \_\_\_\_\_

Replacement for lost key(s)?  No  Yes → If yes, contact Campus Safety to submit a lost key report and attach report.

Building	Location (NO KEY CODE)	Quantity

**\*\*KEYS NOT PICKED UP WITHIN 90 DAYS WILL BE OBSOLETE AND A NEW REQUEST WILL BE REQUIRED\*\***

Supervisor (Student Employer) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Unit Head \_\_\_\_\_ Date \_\_\_\_\_

Building Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Facilities Management Office Only

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Revised 7/05

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