Lewis Clark State College
Access Request Form

Key Requested for : (Print Name) _____ E-mail: _____

☐ Faculty ☐ Adjunct Faculty ☐ Full Time Staff ☐ Part Time Staff ☐ Student/Workstudy ☐ Off Campus/Volunteer

Building: _____ Exterior Entrance: ☐ Yes ☐ No Date _____

Room Number(s): _____

Keys needed for following reason: _____

Access to expire: _____ Examples: Upon Termination, End of Fall Semester, or Specific Date

Authorization

As the supervisor of the above named person, you are responsible to see that this person returns any key/button(s) issued to them directly to Security Department before they leave LCSC.

Supervisor (Printed Name) _____ Supervisor's Signature: _____

Dean/VP (Printed Name) _____ Dean/VP Signature: _____

Security Office (Printed Name) _____ Security Office Signature: _____

Key/SALTO Button Holder Statement of Understanding

_____I understand that I am personally responsible for the key(s)/button issued to me.
_____I understand that I am not to loan key(s)/button to any other person.
_____I understand that I am required to report lost or missing key/card/button(s) to the Security Department (in writing) within 24 hours.
_____I understand that there is a $25.00 replacement fee, per key/button, for all not returned directly to the Security Office when I am done with them. I further understand that if lost or missing keys result in re-keying the areas I have access to, that I may be held responsible for any or all costs incurred, including loss of master keys.
_____I understand that I am responsible for returning the campus key(s)/button checked out to me directly to the Security Office when they are no longer needed, or my employment at the college terminates. (Mailing of keys is strictly prohibited)

I have read the above policies and by signing below, am agreeing to abide by them. I understand that issuance of my final paycheck may be dependant upon the return of all key(s)/button issued to me; and/or replacement costs associated with missing, lost or unreturned units.

_____ _____

Signature Date

Card Swipe Access Requested:

CardSwipe Access Expires _____

Entrance: ☐ Yes ☐ No

Room(s) listed below:

Rooms: _____

Locksmith:

Key #		Key #	
Key #		Key #	
Key #		Key #	
Key #		Key #	
Key #		Key #	
Key #		Key #	