CAMPUS KEY
ACCESS FORM

New, Change, & Remove Form

Type of Action (check one): ☐ New ☐ Change ☐ Remove   Start Date: _____

Remove Date:_____

Name _____ Phone Extension_____
As it will appear on Name Badge

Title Work Area/Bldg./Rm.# _____

Supervisor/Department _____

State Property Issued to Individual

Keys							
Building	Room	Key Issue Date	Key Return Date	Key #	Issues By	Received by	Comments

Radio				
Date Issued	Date Returned	Issued By	Received By	Comments

Cell Phone				
Date Issued	Date Returned	Issued By	Received By	Comments

Laptop				
Date Issued	Date Returned	Issued By	Received By	Comments

Director Approval _____   Date _____

* Form is to be completed by Hiring Manager/Supervisor
* Director's signature is required to process form