

Request # Initials (Lock shop use only)



North Seattle Community College

KEY AUTHORIZATION & REQUEST

(Key Authorization & Request Form must be completely filled out to get any keys issued)

Date: _____

Name: _____
Last First M.I.

NSCC SID#: _____ Complete Dept. Phone#: _____ - _____

Mail Stop: _____ Dept.: _____ Email: _____

Check One: ___ Faculty ___ Staff ___ Student ___ Other (Tenant) ___ Contractor

Card #: _____ Card Access Authorization Expires: _____

<u>Bldg/Rm #:</u>	<u>Description:</u>	<u>Key I.D. Code #</u>	<u>Access Type Requested:</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

(Enter number 1 - 5 from list at right.)

Duty Ring required Yes No

Please note: Keys are only issued or released to end-users.

APPROVALS: (from list at right)

Signature (Dept Head / Supervisor) _____ Print _____ Date _____

Signature (Dean / Director) _____ Print _____ Date _____

Signature (Vice President) _____ Print _____ Date _____

Signature (President) _____ Print _____ Date _____

Place Copy of Access Credential Here
(Lock Shop Use Only)

Access Type Requested & Required Authorization

- | | |
|-------------------------------|--|
| 1. Room / Office / Suite..... | Department Head / Supervisor / Dean |
| 2. Building Entry..... | Dean/Director AND Vice President |
| 3. Area Access..... | Dean/Director AND Vice President
AND demonstrated need |
| 4. Floor Master..... | Vice President AND Vice President for
Admin Services OR President |
| 5. Building Master..... | Vice President for Admin Services
AND President |

Terms & Conditions Release Agreement

The individual signing this document as 'Recipient' agrees to the following: I have received the listed key(s) and I agree not to loan or have key(s) reproduced in any manner; also upon transferring to another office, or departure from NSCC, **I will return the key(s) to NSCC Lock Shop.** After hours, return to the Campus Security Office.

I will present all keys to the Lock Shop for inventory check during periodic key audits.

A fine will be charged for lost or stolen keys.

All keys are subject to the Business Office current Fees and Fines Schedules, which will be charged directly to the assigned individual.

Person receiving key(s) must be the person assigned the key(s). All keys issued are subject to the ACCESS CONTROL PROCEDURE. These keys are for NSCC official purposes only and remain the property of NSCC.

In the event that my key(s)/card key are lost, stolen, or otherwise misplaced, I accept the responsibility to immediately notify the NSCC Lock Shop, Campus Security, and my immediate supervisor. A Lost/Stolen Key Report Form will be completed.

Signature of recipient is required upon receipt of key(s).

Recipient: _____ Date: _____

Lock Shop: _____ Date: _____

Upon Lock Shop staff receipt of this properly completed form, keys may be available for issuance within approximately 1 - 3 business days, pending verification of authorization.