

**Key and Building Access Request Form**

Date: \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Email of person making request: \_\_\_\_\_

Name of person to whom key / building access privilege is to be issued: \_\_\_\_\_

Receiver's USC 10-digit ID #: \_\_\_\_\_

Receiver's Email: \_\_\_\_\_

Receiver's Mobile #: \_\_\_\_\_

Key(s) only       Building Access only       Both Key(s) and Building Access

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Start Date (form must be completed for each semester): \_\_\_\_\_

Statement of justification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Schedule: \_\_\_\_\_

Receiver's signature indicates that they agree to maintain security of any keys issued, and will not share keys with others. The loss or theft of a key or ID badge should be reported immediately to the supervisor and Department of Public Safety. Key(s) will be returned to supervisor at end of assignment/duty.

Name (Print): \_\_\_\_\_

Signature:

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

Date: \_\_\_\_\_

Key(s) issued on: \_\_\_\_\_

Key(s) returned on: \_\_\_\_\_