



ELECTRONIC KEY / CARD REQUEST FORM (KEY AND LOCK CONTROL PRACTICE 3-1-11-03)

Return to Public Safety, Shuniah Building, Room 123D or e-mail publicsafety@confederationcollege.ca
security@confederationcollege.ca

Date of Request (DD / MMM/ YYYY): _____

IDENTIFICATION (Append class list, if requesting same access for multiple learners.)

Department, School or Program Affiliation: _____

Surname: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Home): (_____) _____ - _____ Telephone (Work): (_____) _____ - _____

- | | |
|---|---|
| <input type="checkbox"/> College Employee: Support Staff
<input type="checkbox"/> College Employee: Faculty
<input type="checkbox"/> College Employee: Administration
<input type="checkbox"/> College Student (Not Employed by College or SUCCI)
<input type="checkbox"/> College Volunteer
<input type="checkbox"/> SUCCI Employee | <input type="checkbox"/> College Contractor: Specify Organization: _____
<input type="checkbox"/> Employed on Campus (Not by College): Organization: _____
<input type="checkbox"/> Renter or Lessee: Specify Organization: _____ |
|---|---|

ACCESS REQUESTED DEPT. USE

Building	Room Number	Specify Established Access Level, or Complete Columns 1 to 3:			Electronic Key Number
		1. Days Required (S, M, T, W, Th, F, Sa)	2. Start Time (e.g. 08:00 hrs.)	3. End Time (e.g. 17:00 hrs.)	

DATES ELECTRONIC KEYS / CARDS REQUIRED

Date Required From: DD/MMM/YY____ / _____ / ____ Date Required To : DD/MMM/YY____ / _____ / ____

AUTHORIZATION FOR REQUEST

Name of Dean, Director, Coordinator or Manager Authorizing Request (Print): _____

Signature of Dean, Director, Coordinator or Manager Authorizing Request: _____

ELECTRONIC KEY / CARD RECEIPT

- I accept full responsibility for the electronic key(s) / card(s) described above.
- I will retain the key(s) / card(s) in my possession, for my personal use only.
- I will report lost, misplaced or stolen key(s) / card(s) immediately to Public Safety (623-0465).
- I will not loan, give out or transfer my key(s) / card(s) to anyone.
- I will return the key(s) to Public Safety or to my Coordinator, as requested, or when I leave the employ of the College, or when I am no longer a student, contractor, volunteer, renter, lessee or visitor at the College.
- I understand and agree that violation of this agreement may render me responsible for loss or damage to equipment, materials or facilities should my key(s) / card(s) be loaned, given out, transferred, lost, misplaced and/or stolen.
- I will personally pay a fee of \$10 per key for the replacement of a lost, misplaced or stolen key or card.
- I also understand that if I do not return the key(s) or card(s) at the date noted above ("Date Required to"), or at the end of my contract, a holdback of \$100 may be applied against my last paycheque or applied to my account, in accordance with the "Key and Lock Control Practice".

Date of Receipt (DD / MMM/ YYYY): ____ / ____ / ____ **Signature:** _____