



Access Request

Date _____

Campus _____

Building _____

Issue keys to _____

Department _____

Phone Ext _____

Mail Sort code _____

Key Number _____

Room Number _____

Permanent Full Time

Part Time

Temporary

Status Expires _____

Report lost or broken keys immediately to 651-4247 or email lockshop@csn.edu

Request authorization _____

Name

Title

Dean/Director _____

Name

Title

Signature Authority Only

Chief Campus Administrator _____

Director of Security and Public Safety _____

Director of Site Planning and Construction Management _____

CSN Vice President _____

Lockshop use only

Accepted _____

Locksmith

Received _____

Date completed _____

Issued by _____

Please print this request, fill it out, and have it signed by the person in the department with 'signature authority'.

Department should send the signed form to the Chief Campus Administrator.