_____
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#:_____ Dept. Phone #: _____

Mail Stop: _____ Dept.: _____ Email: _____

Check One: ___Faculty ___Staff ___Student ___Other (Tenant) ___Contractor

Card #: _____ Card Access Authorization Expires: _____

Bldg/Rm #:	**Description:**	**Key #:**	**Access Type Requested:**
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐

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

APPROVALS:

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

_____ _____ _____
Signature (Dean / Director)   Print   Date

_____ _____ _____
Signature (Vice President)   Print   Date

_____ _____ _____
Signature (President)   Print   Date
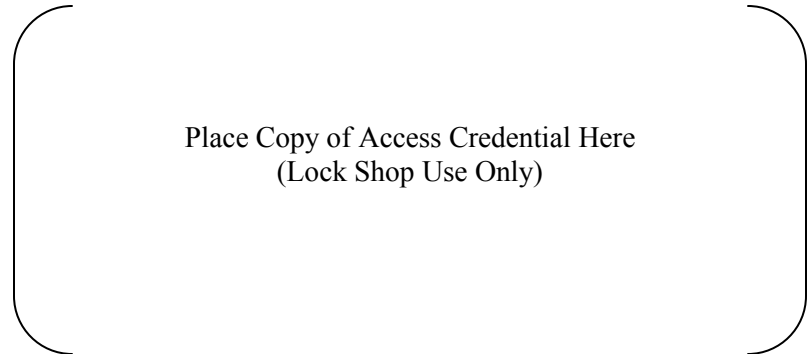
Access Type Requested & Required Authorization

1.	Room / Office / Suite…………	Department Head / Supervisor / Dean
2.	Building Entry………………..	Dean/Director **AND** Vice President
3.	Area Master…………………..	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.
Key Authorization & Release Form 03.2009