

RICHLAND COLLEGE KEY/CARD ACCESS REQUEST

NAME			EID#		
OFFICE #		TELEPHONE EXTENSION		DIVISION NAME	
DOOR #	ROOM #	KEY #	ONE DOOR/ROOM/KEY/CARD PER REQUEST FORM		
POSITION	THIS AREA FOR KEY REQUESTS ONLY		THIS AREA FOR CARD ACCESS REQUESTS ONLY		REASON FOR REQUEST
FULL TIME FACULTY []	GRAND MASTER []	SPECIFIC AREA(s) TO BE ACCESSED: _____	NEW []	First time issue.	
ADMINISTRATOR []	BUILDING MASTER []	_____	BROKEN []		
STAFF []	SUB-MASTER []	_____		Broken key/card must be returned with key request. Failure to provide broken key/card will result in the key/card being classified as lost.	
LIMITED FULL-TIME []	DIVISION SUB-MASTER []	_____			
ADJUNCT FACULTY []	OFFICE []	DAYS/TIME OF ACCESS: Su M T W Th F S	LOST []	Key/card request classified as lost must be accompanied with a CASHIER RECEIPT from Accounting Services.	
PART TIME STAFF []	CLASSROOM []	_____	CASHIER RECEIPT NUMBER:		
	OTHER _____ []	_____			
I UNDERSTAND THAT IN REQUESTING AND RECEIVING A KEY/CARD I HAVE REVIEWED AND WILL ADHERE TO THE GUIDELINES OF OPERATIONAL MEMORANDUM CG-801, REVISED 8/30/11.					
_____			_____		
EMPLOYEE SIGNATURE			DATE		
DEAN/DEPARTMENT DIRECTOR _____			DATE _____		
AREA VICE PRESIDENT _____			DATE _____		
PRESIDENT _____			DATE _____		
FACILITIES SERVICES ONLY					
ISSUED BY _____ DATE ISSUED _____					
KEY NO. _____ CUT BY: _____ DATE CUT: _____					
DUE DATE: _____ INPUT BY: _____ INPUT DATE: _____					
ACCESS CARD NO. _____ INPUT BY: _____ INPUT DATE: _____					
DATE RETURNED (Cleared from system) _____					
_____			APPROVED []		
DIRECTOR OF FACILITIES SERVICES _____			DATE _____		
			DISAPPROVAL []		