Acadia University

Department of Safety and Security

Office Key and Access Authorization Form

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| --- | --- |
| Date:      | Name:  |
| [ ]  Faculty [ ]  Staff [ ]  Other [ ]  Student Include Student ID/Eden (9 digit) #  |
| Building: | Room #      | Desk/Cabinet/Other:       |
| Start Date:       | End Date:       |
| Notes:  |

 Terms and Conditions

**PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING \****All information must be provided before processing.*

Please note an administration and replacement fee of $25.00 per key will be levied for any lost or unreturned keys.

(Also applies to unauthorized key transfers)

The expiry date for students will be the end of the academic year and may be renewed thereafter.

Date:       Dept. Head/Authorized Delegate Signature Department:

For Safety and Security Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Key No: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | Access Card activated: \_\_\_\_\_\_\_\_\_ | Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

