

# FACULTY/STAFF KEY REQUEST

Please submit this form  
COMPLETED AND SIGNED to:

**Office of Access Control Services**  
Facilities Maintenance Building

- Keys can only be picked up by the assignee.
- Keys are not to be transferred or loaned to another employee.
- Keys are to be returned to the Facilities main office when they are no longer needed.
- Lost keys must be reported to Campus Police immediately.
- Visit [accesscontrol.pages.tcnj.edu](http://accesscontrol.pages.tcnj.edu) for all policies in effect.

### DFAS Office Use Only

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Photo ID Checked: \_\_\_\_\_

**NAME:** \_\_\_\_\_

*Please check all that apply:*                      \_\_\_ Student Worker  
 \_\_\_ Current Employee    \_\_\_ New Employee    \_\_\_ On-Campus Transfer  
 \_\_\_ Lost Key(s) Replacement: *List Campus Police case number below.*

Assignee's Title \_\_\_\_\_

Department \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Email

\_\_\_\_\_ Campus Extension

\_\_\_\_\_ PAWS/Employee ID Number

**Locations of requested keys:**

_____ Building	_____ Room #
_____ Building	_____ Room #
_____ Building	_____ Room #
_____ Building	_____ Room #
_____ Building	_____ Room #

**If unknown, do not mark**

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Key ID #

\_\_\_\_\_ Key ID #

_____ Description of Room/Area
_____ Description of Room/Area
_____ Description of Room/Area
_____ Description of Room/Area
_____ Description of Room/Area

Supply a justification for requests for master keys, or multiple copies of the same key, below. All requests require the signature of the department chair or director regardless of the level of key(s) requested.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Obtain approval signatures:** Requests that do not include all of the required information or signatures will be returned.

Chairperson/Director: \_\_\_\_\_  
Printed Name

**X** \_\_\_\_\_  
Signature

Division Head  
(Required for Building Masters) \_\_\_\_\_  
Printed Name

**X** \_\_\_\_\_  
Signature

### DFAS Office Use Only

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Vernon Kelley - Supervisor of Access Control

\_\_\_\_\_ Date: \_\_\_\_\_  
David McNamara - AVP for Facilities Management

Processed: \_\_\_\_\_ Date: \_\_\_\_\_

(Revised 10/15/21)