

Key & Card Access Application

(Please fill out the information below for who will be receiving access, and please PRINT CLEARLY.)

Office	Last Name	For Office Use Only
Office Phone E-Mail Group/Dept. Please select one of the following: Faculty	First Name	Issue Date:
Phone E-Mail Group/Dept. Please select one of the following: Faculty	ID#	Keys:
E-Mail	Office	
Group/Dept	Phone	
Please select one of the following: Faculty	E-Mail	
Added to E-mail Lists (initial): Gother	Group/Dept	Keys Issued (initial):
Cother Entered in Key Organizer (initial):	Please select one of the following:	Card Access Granted (initial):
Requesting key(s) to (building/rooms): Requesting card access to (building/rooms): Requesting to be added to mailing lists for (building/rooms): I acknowledge that I have received as a loan the following keys & or Card Access, administered by the Harvard John A. Paulson School of Engineering and Applied Sciences. I accept the responsibility of this loan. I agree to report the loss of any such key/ID; to return the keys at any time at the request of the School; and to return them in any case before leaving the University for a period of three weeks or more. I agree to use these keys/Card Accesses for legitimate purposes only. I agree not to use them to admit anyone to any room or building of the University who at the time is not entitled to such admission. I agree not to cause any duplicate or copy to be made of any of these keys. I agree not to mutilate or change these keys. The issuing of keys is approved by:	☐ Faculty ☐ Staff ☐ Student	Added to E-mail Lists (initial):
Requesting key(s) to (building/rooms): Requesting card access to (building/rooms): Requesting to be added to mailing lists for (building/rooms): I acknowledge that I have received as a loan the following keys & or Card Access, administered by the Harvard John A. Paulson School of Engineering and Applied Sciences. I accept the responsibility of this loan. I agree to report the loss of any such key/ID; to return the keys at any time at the request of the School; and to return them in any case before leaving the University for a period of three weeks or more. I agree to use these keys/Card Accesses for legitimate purposes only. I agree not to use them to admit anyone to any room or building of the University who at the time is not entitled to such admission. I agree not to cause any duplicate or copy to be made of any of these keys. I agree not to mutilate or change these keys. The person being issued keys/access: The issuing of keys is approved by:	□ Other _	Entered in Key Organizer (initial):
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Signature: Signature:	The person being issued keys/access: T	he issuing of keys is approved by:
	Signature: Signature	gnature:
Print Name: Print Name:	Print Name: P	rint Name:
Date: Title/Office:	Date: T	tle/Office: