

**BATES COLLEGE SECURITY
FACULTY/STAFF KEY REQUEST**

Department: _____

Date: _____

Requested by: _____

Approved by: _____

(Signature of Department Chair or Senior Staff Representative)

Keys issued to: _____

Keys requested:

Building	Room	Building	Room
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If this key issue is temporary, please note anticipated return date: _____

Faculty and Staff have 24 hour access to their home building if card access is available. Additional access may be requested below.

Building	Access Start Time	Access End Time	Days (M-F, 7 days)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fax form to the Access Control Office (753) 6992. Keys will be ready 24 hours after the request is received unless you are notified otherwise.