

CAMPUS POLICE DEPARTMENT

KERI SYSTEM

KEY ACCESS REQUEST FORM*

		_ First Name	
Banner ID#	Department		
Telephone/Extension N	lumber:	CARD NUMBER:	
		ON THE BACK OF YOUR ID CARD IN Look for the name SCHLAGE and the	
EXAMPLE S37X	1245746-003453	Your Card # will be:	: 003453
ACCESS RIGHTS REQUE	STED: (<i>must specify room numl</i>	bers)	
AUTHORIZED BY:	Signature of Department Cha	imperon/Director/Supervices	Department

*Return this form via inter-office mail, fax or directly to the Campus Police Office at any campus for activation. Chairs/Directors/Supervisors: if swapping rooms you must provide (from and to) room numbers so we can deactivate and activate properly. Please notify Campus Police if you or your staff no longer need access to certain rooms. Thank you for your cooperation.