



# Facilities Services

Phone: 673-3452

Fax 673-3483

## STUDENT KEY AUTHORIZATION FORM

### Instructions to applicant:

Submit this **completed** form to your faculty department head for their **required** authorization.

The key can be picked up at the Facilities Services Office at the Services Complex.

Office hours are Monday through Friday 7:30 AM – 4:30 PM Telephone number is 673-3452

You must pick up your key in person. You will be required to present your SUNY Fredonia ID card

Your signature and a (refundable) \$10.00 cash or credit (Visa or Master Card) deposit per key is required upon receipt of the key.

*Please allow one week for your request to be processed.*

This section to be filled out by the applicant		Agreement	
<b>REQUEST</b>		<p><b>*Attention Students:</b> Please read the following rules and sign in the space provided.</p> <ol style="list-style-type: none"> <li>I will not let individuals without building passes into the building when the outer doors are locked.</li> <li>I will NOT prop open any outside door when it is locked.</li> <li>I will NOT lend my keys to anyone.</li> <li>I will NOT let anyone into a room for which they do not have keys.</li> <li>In case of emergency I will telephone University Police at(3333) first then my supervisor.</li> <li>I will promptly return keys to the office of Facilities Services when my building pass expires.</li> </ol> <p><b>FAILURE TO ABIDE BY THESE RULES WILL RESULT IN AUTOMATIC FORFEITURE OF YOUR KEYS AND DEPOSIT.</b>  <b>I UNDERSTAND AND AGREE TO THE RULES LISTED ABOVE.</b></p> <p>PAYMENT TYPE   <input type="checkbox"/> CASH   <input type="checkbox"/> CREDIT CARD</p>	
Students Name: _____			
Fredonia ID No: _____ (please print)			
Department: : <b>Select One</b>			
Local Address: _____			
Email : _____			
Local Phone No. _____			
Building: <b>Select One</b>			
Door No.	Key No.		
_____	_____		
<input type="checkbox"/> check here if for extended use of previously issued key		Signature of student _____	Date _____
<b>FACULTY SUPERVISOR:</b> please remember to indicate issue and expiration dates.			
Key Issue Date: _____		Key Expiration Date: _____	
_____ PRINT name of Faculty Supervisor			
_____ Signature of Faculty Supervisor			
<b>DEPARTMENT APPROVAL:</b>			
_____ PRINT Department Chairperson name			
_____ Department Chairperson SIGNATURE		_____ Date	
<b>FACILITIES SERVICES (ONLY)</b>		<b>PAYMENT TYPE</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> Cash <input type="checkbox"/> On-Line	
_____		# _____	
_____ Authorization: Signature of Facilities Services Official		_____ Date	