

REQUEST FOR KEYS / CATCard ÁCCESS / CARD DE-ACTIVATION

Please also refer to the Key & Electronic Access Systems Policy and related Key and Electronic Access Systems Procedures

Complete all fie Email: lockshop@uvr	elds below, then prin m.edu. or Campus M			-	-	•		
Name of Requestor: _	Rec	Request Date:						
	PERSON WHO	WILL BE	ISSUED THE KE	Y AND/OR C	CATCard ACC	CESS		
Staff/Faculty Grad Studer				emp Employee Vendor/Other				
Name:		PeopleSoft ID (CatCard only):						
Department:		Phone #:						
Email Address:		CATCard: Activate Deactivate NA						
University Address		CATCard Effective Date:						
Explain need for key/access: University of Vermont police								
Safety, and Fall Hazard Train	ning. Please be sure that a	Il required	training(s) have been	completed and CATCard	d/or are current Is training	before requesting access	or keys. Date	
Building Name	Room #(s)	# of keys	Key Number (if known)	Access? Yes/No	required for access?	If Yes, type of training	Training Completed	
Building Nume	noon no	Reys	(ii kilowii)	Tesynto	Tor decess.	in rest, type of training	Completed	
		OMPLET	-	AIR/DIRECT(OR OR DEAN		nt	
Name of Dept. Chair	Signature of Dept. Chair/Director or Dean Date							
Name - Provost (GM key only)			Signature of F	Signature of Provost			Date	
Name - Vice President (GGM and GM keys only)			Signature of Vice President Date					
Monday-Friday 6:3 1. Maintain s 2. Report the	pe e-mailed when key 30 am – 4:30 pm. Rececurity of any keys issue to loss/theft of key(s) im ew key request form for	cipient mued; mediately	nust show UVM I y to UVM Police Se	ck up keys D and sign	for keys to a	cknowledge recipien	t will:	
	University keys, upon t	-		ne University	Lock Shop			
Recipient Name (Please Print):			ignature:			Date of Pickup	Date of Pickup:	

Revised 7/1/2018 PPD