



The University of Vermont

REQUEST FOR KEYS / CATCard ACCESS / CARD DE-ACTIVATION

Please also refer to: [Key & Electronic Access Systems Policy](#), and related [Key & Electronic Access Procedures](#)

Complete all fields below. Obtain necessary signatures. Submit completed form to:
If Requesting **CATcard only**, email: catcard@uvm.edu or Campus Mail: CATcard, 48 University Place (656-4509)
If Requesting both **Key and CATcard**, email: lockshop@uvm.edu or Campus Mail: Lockshop, 284 East Avenue (656-0984)

Name of Requestor: _____ Request Date: _____

PERSON WHO WILL BE ISSUED THE KEY AND/OR CATCard ACCESS

____ Staff / Faculty ____ Grad Student / Temp Employee ____ Vendor /Other

Name: _____ PeopleSoft ID: _____

Department: _____ Phone #: _____

Email Address: _____ CATCard: Activate Deactivate N/A

University Address: _____ CATCard Effective Date: _____

Explain need for access:

UVM policy may require [training](#) to access certain types of areas or rooms. Such trainings may include and are not limited to: Biosafety, Laboratory Safety, and Fall Hazard Protection. Please be sure that all required training(s) have been completed and/or are current prior to requesting access or keys.

Building Name	Room #(s)	# of keys	Key Number (if known)	CATCard Access? Yes/No	Is training required for access?	If Yes, type of training	Date Training Completed

Duration of Access: ____ Permanent ____ Temporary- Key Return/Deactivation Date: _____

TO BE COMPLETED BY REQUESTOR

Is a background check required for the person according to [UVM Background & Reference Checks policy](#)? YES NO

If YES, have you verified the person has successfully completed the required background check? YES NO

Please check one: I have verified training IS required and has been completed, or Training IS NOT required

Name of Requestor	Signature	Date

TO BE COMPLETED BY CHAIR, DIRECTOR OR DEAN

Name of Dept Chair, Director, or Dean	Signature	Date
Provost (GM key only) or VP (GGM & GM keys)	Signature	Date

ISSUANCE OF KEYS

Key recipient will be emailed by Service Operations Support (SOS) when keys are ready for pickup. Pickup is **by appointment only, Monday-Friday 8:00 am – 3:30 pm at 284 East Avenue**. Recipient must show **UVM ID** and sign for keys acknowledging recipient will: 1) Maintain security of any keys issued; 2) Report the loss/theft of keys immediately to UVM Police Services and to Dept Chair/Director; and 3) Return all keys upon transfer/termination to the UVM Lock Shop.

Recipient Name (Please Print):	Signature:	Date of Pickup: