



The University of Vermont

REQUEST FOR KEYS / CATCard ACCESS / CARD DE-ACTIVATION FORM

Please also refer to the [Key & Electronic Access Systems Policy](#) and related [Key and Electronic Access Systems Procedures](#). [FAQ's also available here](#).

DO NOT USE THIS FORM FOR STUDENT CATCARD REQUESTS* WHEN ACCESS IS BEING REQUESTED FOR A STUDENT IN A STUDENT ROLE OR WHEN REQUESTING CATCARD ACCESS FOR A LIST OF STUDENTS (i.e., full class, lab, section, etc.)

[Click here](#) to request access for students in a student role.

*Keys are not issued to undergraduate students. If keys are being requested for graduate students, whether they are in a student or an employee role, this form must be used.

Download a copy of this form then complete ALL fields below. Obtain necessary signatures and 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)

Incomplete forms will be returned for completion before approving access.

Requestor Name: _____ Request Date: _____

Note: The Requestor must be a manager or supervisor (or designee) of the key/access recipient. The Requestor cannot be the same person as the approval authority. If you are filling this form out for yourself, all verifications and signatures must be obtained from your supervisor or manager.

KEY/ACCESS RECIPIENT – PERSONAL INFORMATION

Faculty/Staff Student (in a traditional employment-type role) Temp Employee Vendor/Other

**REMINDER: Keys are not issued to undergraduate students.

CATCard: Activate Deactivate N/A CATCard Effective Date: _____

Key/Access Recipient Name: _____
PeopleSoft ID/Employee ID (this is not NetID): _____ Phone #: _____
Key/Access Recipient Title: _____ Email Address: _____
UVM Department/Vendor Company Name: _____
University or Vendor Address: _____
Explain need for key/access: _____

BACKGROUND CHECKS & TRAINING REQUIREMENTS

Training and background checks (e.g., Bio-Safety, Laboratory Safety, and Fall Hazard Training) may be required to access certain types of areas, rooms, materials, or populations. If you are unsure whether training is required for this access, contact the recipient's manager or supervisor to verify that required training(s) are complete prior to submitting this request. If you are unsure whether a background check is required or has been done, contact hrrsinfo@uvm.edu.

For Internal Individuals (i.e., staff, faculty, grad student, temp employees):

- The Requestor (or manager/supervisor/designee) has [verified](#) that the recipient has successfully passed the background check: YES NO
 - Check here if background check is not required under [UVM policy](#)
- The Requestor (or manager/supervisor/designee) has [verified](#) that the recipient has completed all training associated with this request: YES NO
 - Check here if there are no trainings required for this access:
- The recipient has received a copy (paper or electronic) of the [Key and Electronic Access Policy](#): YES NO

For External Individuals (i.e., vendors, contractors):

If this form is being filled out by a UVM employee on behalf of the third party, confirm via email with the vendor that required background checks have been completed and attach a copy of the email confirmation to this form.

- The third-party authorized signatory attests that the person to be issued key/access has successfully passed a background check within the past 5 years. YES NO
 - Check here if background check is not required under [UVM policy](#):

ACCESS SPECIFICATIONS

Building Name	Room #(s)	# of keys	Key Number (if known)	CATCard Access? Yes/No

If more than four access specifications are needed, include on page 2.

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

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APPROVALS

Printed Name of Manager/Supervisor/Designee	Signature of Manager/Supervisor/Designee	Date
Printed Name of Dept. Chair/Director or Dean	Signature of Dept. Chair/Director or Dean	Date
Printed Name – Provost (GM key only) or VP (GGM & GM Keys)	Signature of Provost or VP	Date

ISSUANCE OF KEYS

Key Recipient will be emailed by Service Operations Support (SOS) when keys are ready for pickup. Key pickup is **By Appointment Only, Monday-Friday, 8:00 am – 3:30 pm at 284 East Avenue.** Recipient must show a valid **UVM ID.**

ASSIGNMENT OF INTERMEDIARY FOR RETURN/TRANSFER OF KEYS

Only fill out this section if an intermediary is being designated as the responsible party for the return or transfer of keys. Approval from the Lock Shop or the Chief Safety and Compliance Officer is required.

Intermediary Name (Please Print)	Approved By Printed Name & Title	Signature	Date

RECIPIENT ACKNOWLEDGMENT – REQUIRED FOR BRASS KEYS ONLY

By signing below, I acknowledge that I have received a copy of and read UVM's [Key and Electronic Access Policy](#). I further certify that I am accepting responsibility for all keys issued to me and that I will: (1) Maintain security of any keys issued; (2) Not share keys with any other individuals who have not received the same level of approval that I have been granted; (3) Not allow any other individuals who have not received the same level of approval as me to be present in accessed spaces unless I am present and supervising such individuals at all times; (4) Not enter spaces that are occupied without consent, after knocking, and/or announcing my request to enter; (5) Report the loss/theft of keys immediately to UVM Police Services and to Dept. Chair/Director; and (6) Upon transfer or termination, return all University keys to the [University Lock Shop](#).

Recipient Name (Please Print)	Signature	Date of Pickup

ADDITIONAL ACCESS SPECIFICATIONS IF MORE LOCATIONS ARE REQUIRED

Building Name	Room #(s)	# of keys	Key Number (if known)	CATCard Access? Yes/No