



The University of Vermont

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

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

**Complete all fields below, then print from browser. Obtain necessary signatures. Submit completed form to:**  
If Requesting **CATcard only**, email: [catcard@uvm.edu](mailto:catcard@uvm.edu) or Campus Mail: CATcard, 48 University Place (656-4509)  
If Requesting both **Key and CATcard**, email: [lockshop@uvm.edu](mailto: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    NA  
University Address: \_\_\_\_\_ CATCard Effective Date: \_\_\_\_\_

Explain need  
for key/access:

**University of Vermont policy may require training for the access being requested. Such trainings may include and are not limited to: Bio-Safety, Laboratory Safety, and Fall Hazard Training. Please be sure that all required training(s) have been completed and/or are current before 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    If Temporary: Key Return/Deactivation Date: \_\_\_\_\_

#### TO BE COMPLETED BY DEPT CHAIR/DIRECTOR OR DEAN

I have verified that UVM training is required for this access request and that training has been completed and is current.

I have verified that UVM training is not required for this access request.

Name of Dept. Chair/Director or Dean	Signature of Dept. Chair/Director or Dean   Date
Name - Provost (GM key only)	Signature of Provost   Date
Name - Vice President (GGM and GM keys only)	Signature of Vice President   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, 6:30 am – 4:30 pm at 284 East Avenue.** Recipient must show **UVM ID** and sign for keys acknowledging that the recipient will:

1. Maintain security of any keys issued;
2. Report the loss/theft of key(s) immediately to UVM Police Services and to Dept. Chair/Director,
3. Return all University keys, upon transfer or termination, to the University Lock Shop

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