



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 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 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 |
|---------------|-----------|-----------|-----------------------|------------------------|----------------------------------|--------------------------|-------------------------|
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| | | | | | | | |

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, 8:00 am – 3:00 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: |
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