Key /Code Request Form

California State University | OPERATIONS, PLANNING & CONSTRUCTION | CHANNEL ISLANDS

Please complete this form, with all necessary signatures and submit to the OPC Work Center at Arroyo Hall. An email notification will be sent when codes or keys are ready to be picked up. Codes and keys must be picked up within 14-days of notification. Fax copies will not be accepted.

Recipient: _____ (Last Name) _____ (First Name) ID#: _____

Dept./Supervisor: _____ Start Access: _____ End Access: _____

Staff/Faculty Use:

○ Staff ○ Faculty ○ PT Faculty
○ Student

Code Access:

○ New Code ○ Existing Code-Retain Existing Access
○ Remove Code ○ Existing Code-Remove Prior Access

Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:
Building/Area:		○ Ext. Door	○ Int. Door	(Room Number)	Key #:

Department Approval:

_____ (Name) _____ (Signature) Date: _____

For Master Key Use/Campus Wide Access Only:

Division VP Approval:

_____ (Name) _____ (Signature) Date: _____

Authorization to use other Department Space:

_____ (Name) _____ (Signature) Date: _____

Notification Date: _____ Return to Stock Date: _____