Facilities Services

Phone: 673-3452

Fax: 673-3483

STUDENT KEY AUTHORIZATION FORM

Instructions:

1. Submit this ***completed*** form to your faculty department head or chairperson for their **required** authorization
2. The key shall be picked up at the Facilities Services Office at the Services Complex
3. Key pick up hours are Monday through Friday 8:30 a.m. – 4:00 p.m. Phone: 716-673-3452
4. You must pick up your key in person; you will be required to present your SUNY Fredonia ID card
5. Your signature and a refundable $10.00 deposit per key must be paid by credit card upon issuing of the key

Please allow one week for your request to be processed.

This section to be filled out by the student		Agreement
REQUEST		**Attention Students**
		Please read the following rules and sign in the space provided
Students Name:		
(please print)		1. **I will not let individuals without building passes Into the building when the outer doors are locked**
Fredonia ID No:		
		2. **I will NOT prop open any outside door when it is locked**
Department: *:*		3. **I will NOT lend my keys to anyone**
Local Address:		4. **I will NOT let anyone into a room for which they do not have keys**
Email :		5. **In case of emergency I will telephone University Police at (ext. 3333) first then my supervisor**
Local Phone No.		6. **I will promptly return keys to the office of Facilities Services when my building pass expires**
Building*:*		
Door No.	**Key No.**	**FAILURE TO ABIDE BY THESE RULES WILL RESULT IN AUTOMATIC FORFEITURE OF YOUR KEYS AND DEPOSIT.**
		I UNDERSTAND AND AGREE TO THE RULES LISTED ABOVE
		Signature of student Date
☐ check here if for extended use of previously issued key		

FACULTY SUPERVISOR: **please remember to indicate issue and expiration dates.**

Key Issue Date: _____   **Key Expiration Date**: _____

_____
PRINT name of Faculty Supervisor

_____
Signature of Faculty Supervisor

DEPARTMENT APPROVAL:

_____
PRINT Department Chairperson name

_____
Department Chairperson SIGNATURE   Date

FACILITIES SERVICES (ONLY)	PAYMENT TYPE
____Approved ____Disapproved ____Payment Verified On-Line	#
_____ **Authorization: Signature of Facilities Services Official**	_____ Date