The Catholic University of America

# The Department of Public Safety

# Access Request Form

This form must be completed for all University key/lock request. Submit the Access Request Form to Leahy Hall, room 120, fax # 5110**.** You will be notified when your keys are ready for pick up. ***Request will not be processed without authorized signature.***

***Today’s Date Org/Account Number***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Employee Name*** | ***CUA ID#*** | ***Building*** | ***Department*** | ***Core/Key***  ***ID*** | ***Return Date***  ***(Students/***  ***Contractors Only)*** | ***CUA Email***  ***(Preferred)*** |
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***KEY AUTHORIZATION***:

Requestor Contact Person

**(Signature) (Name) (Telephone number)**

Authorizing Supervisor

**(Signature)**

|  |
| --- |
| DESCRIPTION OF WORK |

***DPS Locksmith 09-2018***