

Key/Card Access Request & Agreement

Complete and return to APSU Physical Plant or email to key-shop@apsu.edu

A. KEY HOLDER INFORMATION:		
Faculty	Staff	Student Other (specify):
Key Holder Name – Person needing key/card: (Last, First, MI)	University A#:	Date:
Phone Number:	Email Address:	
Department:	Job Title:	

B. ACCESS DETAILS:		
	Physical Key(s)	Govs Card Credential(s)
Building Name:	Room, Door, (etc.) Number/Description	Key Sequence Number (<i>key shop use only</i>)
<i>If your request exceeds the number of entries above, please attach an additional list with the same three columns as above.</i>		
Explain Reason for Request:		

C. REQUESTOR INFORMATION: <i>(Complete this section if you are an Office Manager, Supervisor, or other APSU Employee making this key/card request on the Key Holder's behalf)</i>	
Name of Requestor:	Title of Requestor:
Phone:	Email Address:

D. APPROVALS: <i>(All requests must be approved before issuance)</i>		
Key Holder's Dean/Director/Dept. Chair Name: (Required)	Signature:	Date:
Vice President within Division of Oversight: (Required for Building Master Key)	Signature:	Date:
APSU President or VP for F&A: (Required for Grand Master Key)	Signature:	Date:

KEYHOLDER TO READ AND SIGN UPON RECEIPT OF KEYS:

- I agree to limit my access to university property for legitimate APSU purposes. Upon request by Public Safety, Facilities Management, or any APSU employee, I agree to provide identification and explain the legitimate purpose requiring my presence on University property.
- I understand that keys and/or Govs Card credentials issued to me by Austin Peay State University are the property of the University and I agree to return this property as indicated in [APSU Policy 4:007 Access to and Security of Facilities](#)
- I agree to not loan, transfer, give possession of, misuse, modify, alter, or make a copy of the key and/or access card.
- If key(s)/access card(s) issued to me are lost, misplaced, or stolen, I agree to notify the APSU Public Safety Department immediately.
- I accept financial responsibility and agree to pay for the replacement of any lost, stolen, or misplaced keys.
- **I, the undersigned, acknowledge receipt of the keys and/or access card credentials designated in Section B of this form and I further understand and agree to abide by the provisions of this agreement and APSU's policy regarding Access and Key Control.**

Person Issuing Key(s)/Access Card:	Date:
Key Holder Signature (By my signature, I acknowledge receipt of all key/access cards listed on this form):	Date: