

REQUEST FOR KEY CARD ACCESS

LAST NAME	FIRST NAME	A#
DEPARTMENT/AREA	PHONE # / EXTENSION	POSITION

Location	Room Number(s)	Key Number(s)

Alarm – Building (Dental or Welding)	Alarm Code Assigned

Procedure for Requesting Key Card Access

1. The person desiring key card access must complete this “Request for Key Card Access” form and obtain all appropriate authorizing signatures. If the form is not completed correctly, access will not be issued and the form will be returned for correction.
2. Requests must be approved by the employee’s immediate supervisor and area Vice President.
3. Requests by faculty must be approved by their Division Chair and the Vice President of Instruction.
4. Fully executed “Request for Key Card Access” forms shall be submitted to the Vice President of Information and Institutional Effectiveness for final review, approval, and issuance of District key card access.
5. All key cards will remain the property of West Kern Community College District. They must be returned to Information Technology Services when no longer required by the individual to whom they are issued by the date assigned to be returned. Duplicated key cards should not be obtained from sources other than Information Technology Services.
6. Loaning and/or transferring of key cards is prohibited.
7. Any loss or damage to key cards shall be reported to Information Technology Services immediately.

I, _____, have read the above procedure and agree to adhere to the procedures set forth therein.

Signature: _____ Date: _____

MANAGER/DIVISION CHAIR NAME	SIGNATURE	APPROVED	DISAPPROVED
AREA VICE PRESIDENT NAME	SIGNATURE	APPROVED	DISAPPROVED

DATE KEY CARD ISSUED:	ITS SIGNATURE
DATE KEY CARD RETURNED:	ITS SIGNATURE