TVC Building Access Request Form

Applicant Name:_____ SS/ID #_____

TVC Department/Program:_____

Affiliation: Adjunct Faculty Staff Student Other

Contact Information:

Telephone: Mobile: Email:

Building Name: Key Requested:

Area/Location Serial #

Requested Period:

____Semester ____Short-Term ____Other:_____

Begin Date: End Date:

Periodic Key Check:

____Semester ____Short-Term ____Monthly ____Other:_____

Justification:

TVC Department/Program Authorized Signature:_____

Applicant accepts the responsibility for the following conditions: 1. Maintain security of any keys issued. 2. Reports the loss/theft of a key(s) to immediate supervisor, TVC Director's Office, as well as the UAF Police Department and, submit a new key request form for replacement and pay for lost key. 3. Return all University keys, upon transfer/termination, to the UAF Facilities Services Lock Shop.

Applicant Signature/Date:_____

Authorized: ____Yes ____No By:_____ Date:_____
TVC Director/Designee