

## **Building & Door Access Request Form**

Request Date:		Date Needed:	
Access Requestor Information			
Requestor Name:		Requestor 800 #:	
Department:		Email Address:	
Phone		Campus Mailbox #:	
Access Recipient Information			
Recipient Classification: Student Employee Volunteer Contractor			
Are the Access Requestor and the Access Recipient Yes – If yes, skip to Request.			
		No – If no, please complete this section before continuing.	
Recipient Name:		Recipient 800 #:	
Department:		Email Address:	
Phone:		Campus Mailbox #:	
Electronic Access Request			
Building Name(s) and Room(s):			
Card Access Expiration Date:			
Select all that apply: Normal Hours Early Morning Access Evening Access Weekend Access 24/7 Access			
Mechanical Key Request			
Building	Room	Building	Room
Hulley Tower		Main Entrance	
Required Signatures			
Manager/Director/Department Head:			
Signature:		Date:	
Dean or Associate Vice President:			
Signature:		Date:	
Associate Vice President – Facilities Management (for master keys):			
Signature:		Date:	
Vice President (for Special Security Areas):			
Signature:		Date:	
Notification to Requestor			
Notification Date:		Notification Type: Ema	ail Phone

Submit completed forms to the Locksmith in Facilities Management 421 N. Woodland, Unit 8420 DeLand, FL 32723 Email: workdesk@stetson.edu