

Key & Electronic Access Request Form

To be issued to:

Print Name (Last, First M.I.)		Work or Office Phone		WCC ID	
		() -		@	
Job Title		Department		Employment	
				<input type="checkbox"/> Part-time <input type="checkbox"/> Full-Time	
Justification: <input type="checkbox"/> Returning Employee/hire		<input type="checkbox"/> New Employee	<input type="checkbox"/> Office Move	<input type="checkbox"/> Position Change	<input type="checkbox"/> Add Additional Areas
		<input type="checkbox"/> Student Worker			<input type="checkbox"/> Replacement/lost

A photo on file is required for processing PROX card requests. Please visit CS 205 to have your picture taken/saved on file.

Access Type:		Building	Room #	Description of area where access is needed
<input type="checkbox"/> FOB <input type="checkbox"/> PROX Card				
Key Type:		Building <input type="checkbox"/>	Room #	Description of key or area where access is needed
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other				
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other				
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other				
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other				

Authorized Requestor Information – Key/Electronic Access requests must be authorized by the Dean, Director, or Chair of the Department.

Print Name (Last, First M.I.)		Work or Office Phone Number		WCC ID	
		() -		@	
Job Title:					
		Dean	Chair	Director	

By signing this document, I acknowledge the key/FOB/PROX as shown above.

Authorized Signature	Date (MM/DD/YYYY)

Master Key(s) Acknowledgement- requests for Master key(s) must be acknowledged by a Vice President.

Print Name (Last, First M.I.)		Work or Office Phone Number		WCC ID	
		() -		@	
By signing this document, I acknowledge the key assignment as shown above.					
Authorized Signature					Date (MM/DD/YYYY)

Forward all requests to the Office of Public Safety, CS 205; publicsafety@wccnet.edu. It normally takes 5 business days after receipt of the request form by Public Safety in order to process and make keys/FOB/Prox. Once completed, the key(s)/FOB/PROX may be picked up at the Public Safety office, located on the second level of the Parking Structure; CS 205. Please bring a valid picture ID. Refer to the WCC key Procedure at <http://facilities.wccnet.edu/wcc-key-forms-procedure> for complete rules and procedures. In the event of a lost key/FOB/PROX, promptly file a report with Public Safety: 734-973-3411.

For Public Safety Use Only									
Key Code	Copy #	Key Code	Copy #	Key Code	Copy #	Meets Procedure Guidelines		Initials	
						Yes	No		Request #
									Employee #
						FOB/PROX Card number(s) made:			
						Date FOB/PROX made:			