ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Campus ID and Key Request Form

(Form to remain on file at Campus Police)

Supervisor Information:

Supervisor Name	***Supervisor Title***	***Request Date***

Reason for Request:

☐ ***New Employee*** ☐ ***Add/Change/Remove Access*** ☐ ***Lost Card or Key***

ID Owner Information:

Employee Name (Last, First, MI)	***Employee ID*** 918	***Office Phone Number*** 229-391-
Department/Unit	***Job Title***	***Position Type*** ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Non-Employee
Gender: M / F	***Date of Birth:*** _____ ***MM/DD/YYYY***	

ID Card Information:

☐ ***Add Building Access***		☐ ***Remove Building Access***	
Reason for Adding Building Access:		***Reason for Modifying Building Access:***	
ADD NEW BUILDING ACCESS		***REMOVE BUILDING ACCESS***	
Building Name	**Date Access Added**	**Building Name**	**Date Access Removed**

Key Request/Returned Information:

☐ ***New Key(s) Issued*** ☐ ***Key(s) Returned***

Building Name	Room Number	Date Issued	Date Returned	Verified By

I understand that by signing this request I must adhere to the ABAC ID/Key control policy. Should I lose my ID or key, I should notify the ABAC Police Key Control Specialist as soon as possible. Persons who lose keys will be assessed $50 to help offset the cost of re-keying the lock. There is a $25 fee for replacing electronic card keys.

Signatures:

Employee's Signature	***Date***	***Supervisor's Signature***	***Date***