

Faculty, Staff, and Student Key Authorization

This authorizes the Physi	cal Plant to issue ke	ysto:		
First Name:				
Last Name:				
		@bard.edu Phone:		
Type: Student	Faculty Staff _	Guest Housing	Temp (Start:	End:)
Othe	r			
Access Details				
Key 1: Location		Room	Key/Swipe/Serial #	
Key 2: Location		Room	Key/Swipe/Serial #	
Key 3: Location		Room	Key/Swipe/Serial #	
Key 4: Location		Room	Key/Swipe/Serial #	
Key 5: Location		Room	Key/Swipe/Serial #	
Key 6: Location		Room	Key/Swipe/Serial #	
Key 7: Location		Room	Key/Swipe/Serial #	
Key 8: Location		Room	Key/Swipe/Serial #	
Key 9: Location		Room	Key/Swipe/Serial #	
Authorization				
Authorizing Departmen	t Head:			
Print Name:				
Siganture				
Date//2	20			
Key Recipient Confirmat	tion:			
These keys are to be retu	ırned to Physical Pl	ant at the end of y	our employment. Keys	are not to be
exchanged between emp	oloyees. All keys tra	nsactions are to to	ike place at Physical Pla	ant.
Please check this box to	agree to these teri	ms		
Siganture				
Date Retrieved	/ /20	Date	Returned/	/20