

Cooper Union Security Department

Key/Access Card Request/Agreement

Please Type or Print Legibly

A. PERSON INFORMATION: Faculty: Staff: Student: Other: _____

1. Keyholder Name - Person needing key/card (Last, First, MI)	2. Keyholder University ID Number:	3. Date:
4. Phone Number:	5. E-Mail Address:	
6. Job Title:	7. Department:	

B. ACCESS TYPE NEEDED: Key: Access Card:

8. Access Requested to (Building Name & Room Numbers - Key # if known):	9. List Days of Week & Times access is needed:	
	10. Date access is needed until:	11. Check if access needed indefinitely: <input type="checkbox"/>
12. Explain Reason for Request / Reason for Master Key / Other Comments:		

C. APPROVAL INFORMATION - All requests must be approved by the person's supervisor before issuance.

13. Name of Person Making Request:	14. Title of Person Making Request:	
15. Phone:	16. E-Mail Address:	
17. Dept. Supervisor:	18. Signature:	19. Date:
20. Dean, VP or Department Head Name:	21. Signature:	22. Date:
23. Director, Facilities or designee	24. Signature:	25. Date

D. SECURITY INTERNAL USE ONLY:

29. Request #:	30. Order #:	31. Date Submitted:	32. Date Received:
33. Key# - Key Type / Access Card #:			34. Keyholder Notified:

E. KEY/ACCESS CARD AGREEMENT (DO NOT SIGN AGREEMENT UNTIL KEY/CARD IS RECEIVED)

- Electronic access to buildings is monitored and logged. Usage reports and logs may be reviewed by the Security Department. Access may be limited to certain time frames.
- After-hours access to University facilities is intended for legitimate purposes only. Upon request of the University Security, or any Faculty/Staff Member, individuals are expected to provide identification and a legitimate reason for his/her presence on university property.
- Keys and/or access cards issued by the University remain the property of Cooper Union and must be returned upon termination of employment to the Cooper Union Security Department.
- **I agree to not loan, transfer, give possession of, misuse, modify, alter, or make a copy of the key and/or access card.**
- If the key and/or access card is lost, misplaced, or stolen I will notify the University Security Department immediately.
- **I, the undersigned, acknowledge receipt of the key and/or access card designated above in Section D. and I further understand and agree to abide by the above provisions of this agreement.**

35. Person Issuing Key/Access Card:	36. ID # of Person Issuing Key/Access Card:	
37. Keyholder Signature (By my signature I acknowledge receipt of this key/access card):		38. Date & Time:

Key/Access Card Form Instructions

Please Type or Print All Fields Legibly

SECTION A – PERSON INFORMATION

Select the appropriate checkbox identifying whether the keyholder is a Faculty Member, Staff, Student or Other.

1. **Keyholder Name** – This is the name of the person to be issued the key and/or access card.
2. **Keyholder University ID Number** – This is the person's University ID Number (used to submit electronic work requests for the creation of the key and/or access card.). Vendors should use their company ID number.
3. **Date** – Enter the date you are making the request.
4. **Phone Number** – Enter the phone number of the keyholder in Box 1 who is to receive the key/access card.
5. **E-Mail Address** – Enter the e-mail address of the keyholder in Box 1 who is to receive the key/access card.
6. **Job Title** – Enter the job title/position of the keyholder in Box 1 who is to receive the key/access card.
7. **Department** – Enter the Department name of the person in Box 1 who is to receive the key/access card.

SECTION B - ACCESS TYPE NEEDED

Select the appropriate checkbox to indicate whether a key and/or an access card are being requested.

8. **Access Requested To** – Enter the Building Name(s), Room Number(s) or Door Number(s) for which access is needed. e.g., Engineering/ 41CS 406, Student Union / RH 310, etc... Enter the key number needed if known.
9. **List Days/Times Access is Needed** – Enter the days of the week and times of the day that access is needed. e.g., 24x7, Mon-Fri, 7a-7p, etc....
10. **Date Access is Needed Until** – List the date that access is needed until (this is used for access card programming.) Once this date has passed, the access card would be disabled.
11. **Check if Access is Needed Indefinitely** – Check box used to indicate indefinite access. This is typically used when issuing a permanent key to a person.
12. **Reason for request** – Explain the purpose for the access. Please note if a Master Key is being requested.

SECTION C - APPROVAL INFORMATION (All requests must be approved by the person's supervisor)

13. **Name of Person Making Request** – This is the person in the department who completes the request form, typically the secretary or department head.
14. **Title of Person Making Request** – This is the Job Title of the person completing the request form.
15. **Phone** – Enter the campus phone number where person in Box 12 can be reached.
16. **E-Mail Address** – Enter the campus e-mail address where the person in Box 12 can be reached.
- 17-19. **Dept. Supervisor Name** – Enter the name, obtain signature and date of the Supervisor authorizing access.
- 20-22. **Dean, VP or Department Head Name** - Name, signature and date for authorizing access. (typically academic departments).
- 23-25. **Director, Facilities or designee Signature** – Name, signature and date authorizing access. (typically non-academic departments)

SECTION D – SECURITY INTERNAL USE ONLY (Used internally by Cooper Union Security Department)

29. **Work Request#** - Enter the work request number from the Facilities Work Request System.
30. **Work Order #** - Enter the work order # from the Facilities Work Request System.
31. **Date Submitted** – Enter the date the work request was submitted to facilities.
32. **Date Received** – Date that CUSD receives the key from Facilities.
33. **Key# / Access Card #** - Key number and Key Type stamped on the physical key or the number on the access card.
34. **Keyholder Notified** – This is when/how the keyholder was notified the key/access card is ready.

SECTION E – KEY/ACCESS CARD AGREEMENT

NOTE: DO NOT SIGN THIS KEY/ACCESS CARD AGREEMENT UNTIL YOU ACTUALLY RECEIVE THE KEY.
YOUR SIGNATURE IS AN ACKNOWLEDGEMENT OF RECEIVING THE KEY/ACCESS CARD

35. **Person Issuing Key/Access Card** – Name of the person issuing the key to the keyholder in Box 1.
36. **ID # of Person Issuing Key/Access Card** – ID number of the person issuing the key to the keyholder in Box 1.
37. **Signature of Person Receiving Key** – Keyholder signs here when they pick up the key/card after reading Section E. Key/Access Card Agreement. This person must also provide a photo ID when picking up a key/card.
38. **Date** – This is the date the key and/or access card was issued to the keyholder in Box 1.

This completed "Key/Access Card Request" form may be, e-mailed to security@cooper.edu or dropped off at the Office of Facilities Management in 41 Cooper Sq. room 111 during normal office hours for processing.

NOTE: Incomplete/inaccurate forms may delay processing.