



KEY CARD AUTHORIZATION FORM

Please use only one form per person.

Please fill out the top part of this form, attach a copy of your receipt, and submit to Campus Computing in Bay 226. Key cards can be [purchased online](#).

APPLICANT NAME (PRINT): _____

USF EMAIL ADDRESS: _____

COLLEGE, DEPARTMENT OR GROUP: _____

EMPLOYMENT STATUS: STAFF FACULTY ADJUCT STUDENT
 OTHER _____

TELEPHONE: _____

WOULD YOU LIKE A KEY CARD OR KEY FOB? KEY CARD KEY FOB

REQUESTED LOCATION(S) AND JUSTIFICATION:

If you are paying with Chart fields, please fill out the information below:

Op. Unit	Department	Fund	Product	Initiative	Project

Approver Signature* Print Date

*PLEASE NOTE THE CARD RECIPIENT CANNOT SIGN AS THE APPROVER. ACCOUNTABLE OFFICER, DESIGNEE, OR REQ APPROVER/MANAGER SIGNATURE IS REQUIRED IF CHART FIELDS ARE BEING USED.

CONTROL OF KEYS IS ESSENTIAL TO YOUR CAMPUS SECURITY. DO NOT MAKE UNAUTHORIZED DUPLICATES OF CARDS. DO NOT LEND OUT YOUR CARD. RETURN ALL KEYS TO THE CAMPUS COMPUTING DEPARTMENT (BAY 226).

CAMPUS COMPUTING USE ONLY

INCIDENT NUMBER: _____

DATE ISSUED: _____

[] Applicant has been notified for pick up.

CARD/FOB RECEIVED BY: _____

Signature

CAMPUS COMPUTING: _____

Signature