## Southern Illinois University Edwardsville Facilities Management

## **AUTHORIZATION FOR KEYLESS EXTERIOR ACCESS**

			University ID:			
Date:		○ Faculty ○ Staff ○ Student				
Key Recipient	:					
Last Name		First Name	Email	Department	Building	
○ Fall	Spring	Summer	Continuing	20		
	norized areas.	Exterior keyless acc	•	•	ldings and facilities while providing with signature approval by the	
usually TWO a	assigned exte	•	s access in each bui		ss access has been activated. There are ntrol Office at ext. 3200 (618-650-3200)	
Student exter semester.	ior keyless ac	cess is restricted to o	current enrollment	and is granted for <u>one</u> sem	nester. Access approval is required each	
In case of lost	I.D. Card, not	ify the Service Cente	er at ext. 2080 (618-	650-2080) within one busi	ness day of loss.	
Use and restri policies/6f2.sl		I.D. for keyless acce	ess are regulated by	the SIUE Key and Lock pol	licy at <a href="http://www.siue.edu/">http://www.siue.edu/</a>	
Your understa	anding and ac	ceptance of the SIU	E Key and Lock pol	icy is indicated by your sigr	nature below.	
Key Reci	pient Signatu	re	Date			
Department Head/Direct		or Name	Email	Signature	Date	
				npleted form to: e, Box 1039, Ext. 3200		
			For Key Co	ntrol Use Only		
Activation (	Date:	0	verride Date:	Ove	rride Date	

Revision: 7/2012