FLORIDA A&M UNIVERSITY SWIPE CARD REQUEST FORM

This form must be used to request an office, classroom, or Swipe card request. Incomplete forms and/or those not approved by the appropriate Department Head, Associated Dean, or Dean of School will not be accepted. Send completed forms to the Service Response Center via fax, (850)-599-3938, or via email to ServRspCtr@famu.edu

Swipe cards may be picked up at the KeyBank located in the Plant of Operations & Maintenance (POM), A Building, Suite 102, during regular hours of operation (Monday through Friday – 8:00 AM – 5:00 PM. Contact us at (850)-561-2834. To pick up swipe cards, the requestor must present a valid, government issued photo identification. Keys will be ready for pick up after 2 business days of receipt of properly completed form.

ACCCESS REQUESTED FOR: (PLEASE TYPE OR PRINT)						
Last Name:		First Name:		MI:		
FAMU Em.ID #		Work Phone:				
Department:		Email:				
ACCESS REQUESTED TO: (PLEASE TYPE OR PRINT)						
Date:		Work Order#				
Swipe ID #:		Swipe ID #:				
Swipe ID#		Swipe ID#				
Room(s)						
Comments						
APPROVAL						
Printed/Typed Name of, Dean, Department Head,						
Signature:					Date:	

Key Holder Acknowledgement

I understand and acknowledge that I have received and responsible for the swipe card(s) described on the face of this form. The swipe card(s) are to be used for official university business only and is/are not to be modified or duplicated. I understand that I am responsible for returning all swipe card(s) to the KeyBank when access to the area is no longer needed or employment has been terminated or upon request of the KeyBank representative within 5 days after my last day of employment. I understand that the cost to replace lost or stolen swipe card(s) are cost associated with restoring security to an area compromised by my actions shall be paid by me and/or the responsible department.

Signature: _____ **Date**: _____

KeyBank Supervisor: _____Date: _____

POM Superintendent of Building Maintenance: _____ Date: _____

POM Director of Building Maintenance: _____ Date: _____