



ACCESS AUTHORIZATION FORM

Keys: I am only to use this key(s) when I am acting under the capacity of The Southern Baptist Theological Seminary. At no time will I use this key(s) for any purpose other than to fulfill my work obligations to the Seminary. I agree not to copy, loan, transfer, give possession of, misuse, modify or alter the below key(s). If I lose this key(s) or if it is not returned at the end of my employment at the Seminary, I understand that I may be charged for the replacement of the key(s) and the rekeying of affected areas. Keys will be picked up by the requesting employee in person at the Office of Campus Police. **Key Box & Security Alarm Codes:** I will not share my key box and/or security alarm codes with anyone. If I lose a written copy of either code, I will report it missing to Campus Police immediately. **Shield Card Access Control:** I will not give or lend my shield card to any other individual. In the event of loss or theft of my shield card, I will immediately report the loss or theft to the Campus Police Department.

Employee Full Legal Name: _____ Date: _____

Employee Signature: _____ ID #: _____

Dept: _____ Job Title: _____

Email Address: _____ Phone #: _____

KEYS

Building(s)	Room #	OFFICE USE ONLY	
		Key ID #	Received By:

SHIELD CARD ACCESS

Building(s)	Room #	OFFICE USE ONLY
		Received By:

SECURITY ALARM CODE

Building(s)	Room #	OFFICE USE ONLY
		Received By:

KEY BOX CODE

Which Key Box?	Key Ring #	OFFICE USE ONLY

This form **MUST** be emailed or turned in by the **supervisor**.
I authorize the above employee to the access listed on this form.

Supervisor Name (PLEASE PRINT): _____ Date: _____