



## 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 Campus Police Department. **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. I understand Campus Police has the right to deny access requested on this form.

Employee Full Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

ID #: \_\_\_\_\_

Dept: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Part-time      Full-time

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

Please provide a justification for the employee's need to access the requested area(s):


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: \_\_\_\_\_