UWG ACCESS CONTROL KEY REQUEST FORM

This form must be completed by the Department Head or Departmental Access Coordinator (DAC). Please send completed form to Access Control or email to access@westga.edu

GENERAL INFORM	ATION							
CONTACT						E		
DEPARTMENT						NE		
ACCOUNT #								
REQUEST TYPE	□ NEW KEY	□ DAMA(☐ DAMAGED/BROKEN KEY			□ LOST KEY		
 _								
BUILDING		ROOM	ROOM#		COST		KEY MARK	
				<u> </u>				
				<u> </u>				
				<u> </u>				
			TOTAL					
<u>-</u>								
KEYHOLDER INFO	RMATION							
FIRST NAME			LAST NAME					
TITLE			DEPT					
UWG ID# (917)			EMAIL					
Access is granted bas Authorization Require	sed on the lowest Access Level ments.	that will acc	complish th	e operation	nal purpose	. See <u>Ac</u>	cess Control and	
	s remain the property of UWG. bject to disciplinary action or cri			∍ir Access	Credential o	or using a	a lost/stolen Access	
upon the start of the naccess@westga.edu,	missing key/access cards to ea next working shift if discovered wand the Department Head. Fai JWG Employee Handbook and Code of Conduct.	while off duty ilure to repor	ty: UPD at 9 rt lost or sto	96000, Acc olen keys n	cess Control may subject	l at 9310 the emp	1, 93805, or loyee to disciplinary action in	
DEPT HEAD/DAC PRINT NAME								
DEPT HEAD/DAC SIGNATURE						DATE	<u></u>	
ACCESS CONTRO NOTES	L							