



## KEY / CLEARANCE ISSUANCE FORM

**PURPOSE:** This form is used by the Access Coordinator to record the issuance of keys and/or clearances, and grants the said individual access to specific buildings, rooms and/or areas, or combinations thereof. Such authorization acknowledges that the individual to whom such access is assigned has the authority and the functional responsibility to enter the respective areas.

- RESTRICTIONS:**
- \* Access is limited to the areas designated in this agreement.
  - \* Access is restricted to the specified and approved days and times.
  - \* Access to the facility will be for the agreed purpose only.
  - \* No other individual may enter the approved facility using the access privileges granted.

- LOST OR STOLEN ACCESS CARD:**
- \* The loss of a key/access card must be reported immediately to the Access Coordinator by the individual to whom the key/access card has been issued.
  - \* A lost or stolen key/access card will result in the immediate termination of access privileges, and will be reinstated only after resubmission of another Key/Clearance Issuance Form.

- ACCESS CHANGES:**
- \* If access needs to be changed from those which have been granted herein, the said individual will notify the Access Coordinator for completion of a new Key/Clearance Issuance Form.

Name of Person Requesting Keys and/or Clearance (PRINT): \_\_\_\_\_

PSU-ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department Name: \_\_\_\_\_ Authorized By: \_\_\_\_\_

Purpose of Key and/or Clearance Request: \_\_\_\_\_

Building or Facility Being Accessed	Room No.	Key Code	Serial No.	Clearance Code	Issue Date	Initials	Date Returned
1.							
2.							
3.							
4.							

**ADMINISTRATIVE AREA APPROVALS (For Department Sub-Master, Building Master and Grand Master Keys):**

Obtain the applicable signatures and justification, as specified in Policy SY19, authorizing key and /or clearance issuance.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Budget Administrator
Budget Executive

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Access Coordinator



**EMPLOYEE COMPLIANCE ACKNOWLEDGEMENT:**

**NOTES FROM UNIVERSITY KEY POLICY (SY-19)**

A key replacement fee will be charged to **ALL** key and access device holders for lost University keys/fobs/tags. In addition, actual recoring costs may be charged (if deemed appropriate by the budget executive) as a result of such lost keys or access devices. Lost PSU ID Plus cards are governed by policy AD24, *Identification Cards for Faculty/Staff, Students and Affiliates*.

All keys, key fobs, or tags referred to in this policy are the property of The Pennsylvania State University and are not to be duplicated by any faculty, staff, or student. Duplication of a key or access device, or possession of a duplicate key or access device, will result in referral to the Office of Conduct Standard or the Office of Human Resources for appropriate sanctions. Criminal sanctions are also possible.

Upon termination of employment and/or student status or transfer from the area, all keys must be returned to the Access Coordinator in the administrative area from which the key(s) were issued. Failure to return keys upon termination or transfer may result in the holding of employee accounts or a charge to a student account until the keys are returned, or the cost of recoring the facility is recovered.

**I have read the above. In accepting keys and/or clearances from the Access Coordinator, I agree to comply with the terms specified above and all related University policies.**

Requestee Signature \_\_\_\_\_ Date \_\_\_\_\_