

## Key & Electronic Access Request Form

To be issued to:

Print Name (Last, First M.I.)		Work or Office Phone	WCC ID
		( ) -	@
Job Title	Department	Employment	Assigned Office
		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-Time	
Justification: (select one)	<input type="checkbox"/> New Employee	<input type="checkbox"/> Office Move	<input type="checkbox"/> Position Change
		<input type="checkbox"/> Add Additional Areas	<input type="checkbox"/> Other/lost

*A photo on file is required for processing PROX card requests. Please visit SC 264 to have your picture taken/saved on file.*

<b>Access Type:</b> <input type="checkbox"/> FOB <input type="checkbox"/> PROX Card	Building	Room #	Description of area where access is needed
<b>Key Type:</b> <input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other	Building <input type="checkbox"/>	Room #	Description of key or area where access is needed
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other			
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other			
<input type="checkbox"/> Room Key <input type="checkbox"/> Cabinet/Desk Key <input type="checkbox"/> Master <input type="checkbox"/> Other			

Authorized Requestor Information – Key/Electronic Access requests must be authorized by the Dean, Director, or Chair of the Department.

Print Name (Last, First M.I.)		Work or Office Phone Number	WCC ID
		( ) -	@
Job Title:			
<input type="checkbox"/> Dean <input type="checkbox"/> Chair <input type="checkbox"/> Director			

By signing this document I acknowledge the key/FOB/PROX as shown above.

Authorized Signature	Date (MM/DD/YYYY)

Master Key(s) Acknowledgement- requests for Master key(s) must be acknowledged by a Vice President.

Print Name (Last, First M.I.)		Work or Office Phone Number	WCC ID
		( ) -	@
By signing this document I acknowledge the key assignment as shown above.			
Authorized Signature			Date (MM/DD/YYYY)

Forward all requests to the Office of Public Safety, CS 205; [publicsafety@wccnet.edu](mailto:publicsafety@wccnet.edu). It normally takes 5 business days after receipt of the request form by Public Safety in order to process and make keys/FOB/Prox. Once completed, the key(s)/FOB/PROX may be picked up at the Public Safety office, located on the second level of the Parking Structure; CS 205. Please bring a valid picture ID. Refer to the WCC key Procedure at <http://facilities.wccnet.edu/wcc-key-forms-procedure> for complete rules and procedures. In the event of a lost key/FOB/PROX, promptly file a report with Public Safety: 734-973-3411.

For Public Safety Use Only									
Key Code	Copy #	Key Code	Copy #	Key Code	Copy #	Meets Procedure Guidelines		Initials	Request #
						Yes	No		
						FOB/PROX Card number(s) made:			
						Date FOB/PROX made:			