

Instructions:

1. Complete information and obtain signatures. Electronic completion is encouraged.
2. Send form via email, fax, campus mail, or hand deliver to the Customer Service Center in the Sink building.
3. Once the keys are ready, Customer Service Center will contact the keyholder to notify them that their keys are ready.
4. Picture ID is required to pick up keys.
5. Intellikeys must be used within 14 days of the date they are programmed, or they will expire and need to be re-programmed.
6. All keys not picked up within 30 days of customer notification will be returned to the Lock Shop.

Keyholder Information and area access is needed:

Last Name	First Name	University ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	UNCG Email	Last 10-Digits of the Spartan ID Card
<input type="text"/>	<input type="text"/>	<input type="text"/>
Building:	<input type="text"/>	Room/Office: <input type="text"/>
This request for: <input type="checkbox"/> Hard Key <input type="checkbox"/> Intellikey <input type="checkbox"/> Legacy Cardswipe(Millennium)		

You may place ONE key request per request form

If Card Swipe or Intellikey:

Expiration Date:

Time Zone Group:

Time Zones Available

- | | | |
|--------------------------|--------------------------|--------------------------|
| ① 7 Days, 24 Hours | ④ 6 Days, 7:00am—10:00pm | ⑦ 5 Days, 6:00am—11:00pm |
| ② 7 Days, 6:00am—6:00pm | ⑤ 5 Days, 24 hours | |
| ③ 7 Days, 6:00am—11:00pm | ⑥ 5 Days, 6:00am—6:00pm | |
- For any other time please call the Lockshop 334-5096

Department Information:

Department:	<input type="text"/>	Dept. Access Coordinator(DAC):	<input type="text"/>
Department Main Ph #:	<input type="text"/>	Dept. Access Coordinator Email:	<input type="text"/>

Approval Signatures

Department Head/DAC Signature: _____

Department Head or DAC Name: _____

Telephone Number: _____ Email: _____

Keyholder's Acknowledgement

Keyholder agrees to not duplicate any keys issued to them. Keys shall not be loaned or transferred to anyone.

Keyholder must return all Access Control Keys issued to them to their Department Access Coordinator upon separation from their department. Keyholder agrees to abide by the Access Policy posted online at https://policy.uncg.edu/university_policies/access-policy/

Sign on pick up

Keyholder's Signature: _____ Date: _____

Area below this dotted line is reserved for Lockshop and Facilities Operations Customer Service Center

Intellikey program date _____ Key Stamp 1 _____

Issued by _____ CSC Issued by _____

Issued Date _____ CSC Issued Date _____