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Key Action Form
Arizona State University Polytechnic
Continuation From

(1) Date _____

Keys Issued To:

(2) Last Name _____ **First/M.I.** _____ **(3) ASU Affiliate No.** _____

(4) Email _____ **(5) Title** _____ **(6) Phone** _____

(7) College/Department _____ **(8)** ☐ **Full-time** ☐ **Part-time**

(9) Reason for request _____

Keys Requested: **(Shaded area for FAC MAN use only)**

(a) Building Name	(b) Room #	(c) Building #	(d) Key Code	(e) Key #	(f) Receipt Signature & Date	(g) Return Signature & Date

(10) Responsibility Statement: **ASU Polytechnic strives to provide a safe, secure environment. Your proper use and handling of assigned University keys can help to maintain this environment. To ensure you understand and accept your responsibilities as a University Keyholder, please read and sign below.**

I have read the above Responsibility Statement and agree to abide by it: _____ _____

(11) Keyholder's Signature **(12) Date**

Required Approval from Department/Unit responsible for Space Access Requested:

_____ _____ _____ _____

(13) Department/Unit **(14) Authorized Signer Printed Name** **(15) Authorizing Signature** **(16) Date**

Work Order #

When completed and signed either deliver/mail to Poly FacMan or fax to (480) 727-1114.