

NORTHERN VIRGINIA CENTER KEY REQUEST

To: Facilities Manager VT/NVC
Date:
Subject: Request for a Northern Virginia Center Key(s)

Recipient's Information:

Print Name: <i>Last Name, First Name</i>					
Virginia Tech ID:					
Department:					
Phone Number:					
Email:					
Room Number:					
Employment Classification:	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">Faculty</td> <td>Adjunct</td> </tr> <tr> <td style="padding: 0 10px;">Staff</td> <td>GA</td> </tr> </table>	Faculty	Adjunct	Staff	GA
Faculty	Adjunct				
Staff	GA				
F/T ?	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td>No</td> </tr> </table>	Yes	No		
Yes	No				

Metal Key Information:

NOTE: Adjunct Faculty, GA, TA, and RA Keys are assigned by your Department Director		
# of Keys	Door/Room #	Facilities Use Only Key#

Kastle System & Proxy keys:

Building Access Key Requested		
GA End Date		
Library Access requested <i>>(Requires permission of Librarian)</i>		
Parking Hangtag #		
Parking Gate Access Requested		
Lower Lot Access Requested		
<i>Facilities Use Only:</i>		
<i>Kastle Key # Assigned:</i>		
<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">New</td> <td>Replacement</td> </tr> </table>	New	Replacement
New	Replacement	
<i>Proxy key # Assigned:</i>		
<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">New</td> <td>Replacement</td> </tr> </table>	New	Replacement
New	Replacement	

Department Head Signature *Department* *Date*
 >VT Department Directors approve key (Property) assignments. Ref: VT Policy 5620

Comments:

***** AGREEMENT: ACCEPTANCE OF, AND RECEIPT BY INDIVIDUAL FOR ASSIGNED KEYS *****

I acknowledge that I have received the above listed keys for my use. I understand that I am responsible for the return of this key(s) to the NVC Facilities Management should any security be breached in the building, upon termination of employment, or if I am requested to do so. I also understand that if I do not return this key(s) or promptly report its loss or theft, I will violate the Code of Virginia (18.1-503). I also understand that if this key(s) cannot be accounted for during annual audits, the locks will be promptly be changed, and my department will bear the cost of rekeying the door.

Please read and check the following statements:

(do not Check boxes or sign for keys until you are ready to receive them)

- I will not duplicate this key
- I will not loan this key
- I will surrender this key when no longer needed

Recipient Signature upon Acceptance *Print Name* *Date*

Signature of Proctor (if applicable) *Print Name of Proctor* *Date*