PennState
University Police
and Public Safety

University Park, PA 16802
https://www.police.psu.edu/
(814) 865-1864 Business

Facility Access Authorization Request

Purpose: To authorize individuals to receive key(s) and/or card access, referred to as "access," for University Facilities. Such authorization acknowledges that the individual whom access is assigned has the authority and the functional responsibility to enter those locations. The individual who access is being granted must read and agree to comply with Policy AD68 University Access Policy prior to receiving access. This form is administered by the Access Coordinator, who will record the authorization of such access and maintain this document per the University Record Retention Schedule.

Access Restrictions:

- Access is limited strictly to the individual and University facilities designated on this agreement. No other individual may enter the approved facility using the individual's access privileges.
- Access is restricted to the specified and approved days and times.
- Access to the facility is only for the agreed upon purposes as determined by the Access Coordinator.
- Individuals are not permitted to conduct personal or other business on the premises at any time.
- Non-employees require a University-employed sponsor. Sponsor is responsible for all non-employee access.
- The Area Access Control Coordinator must be notified if access needs to be updated or terminated.

Lost, Stolen & Return of Access Devices:

- Any lost keys, id+ Card, or Access Card must be reported immediately to the Access Coordinator by the individual to whom the access was issued.
- A lost or stolen card will result in the immediate termination of access privileges and will be reactivated only after resubmission of a request for access.
- Keys and/or Access Card must be returned on the access end date to the Access Coordinator.

Access Request

Name of Requestor: _____

PSU-ID/Driver License #: _____ Phone #: _____ Email: _____

College, Campus, Department, or Vendor: _____

Area(s) of Access:

Justification for Access:

Access Begin Date: _____ Access End Date: _____ Hours of Access: _____

Days of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Device Issued: Key(s) (complete Key CCURE Issuance Log) ☐

Electronic Access (complete Key CCURE Issuance Log) ☐

Device # _____

Approvals

Acceptance: I have read and agree to comply in full with all of the terms of this agreement, and will comply with University Policy AD68: University Access Policy. It is understood that failure to abide by these terms will result in the termination of access privileges, and I may be subject to appropriate disciplinary action. In accepting access from the Access Coordinator, I agree with the terms of this agreement, stated or implied, all applicable Penn State policies, and directives and procedures from Campus, Departmental, and College Access Coordinators.

By affixing my electronic signature, I agree to conduct business with the University electronically. Signatures and signed copies of this document transmitted by facsimile, email, or other means of electronic transmission shall constitute effective execution and be deemed to have the same legal force and effect as delivery of an original executed copy of this document for all purposes.

Requestor Signature: _____ Date Issued: _____ Date Returned: _____

Supervisor/Sponsor Signature: _____

Access Coordinator Signature: _____

The Access Coordinator shall retain this form physically or electronically per the University Records Retention Schedule.