



Door Key Request

ROUTING
FIS, MSC 3545
keyaccess@nmsu.edu
Phone 646-7114
Fax 646-6432

Instructions: Enter employee information. **The employee must read and sign the Responsibilities Statement prior to approval by the required authorizing signature.**

1. All Door Key Request forms must be signed by the Department Head/Dean/Director to be valid.
2. If multiple keys for a key holder are required, enter details in the Access Information section.
3. If the lost or stolen key was a master or sub-master, please contact the Work Control Desk (WCD) (575-646-7114) immediately. Your department may be responsible for funding the re-key of the affected area or facility in these instances.
4. Master keys will not be issued unless approved by the Dean of the College/Vice President responsible for the existing space and the Assistant Vice President for Facilities and Services, and a Business Justification is provided (see section 2 below).

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____ Campus Box: _____

Requestor: _____ NMSU E-mail Address: _____ Phone: _____

This is a master key This is a sub-master key

I agree to notify NMSU Facilities & Services if an employee status changes via email - keyaccess@nmsu.edu

Requestor Signature: _____ Date: _____

SECTION 2: REQUEST DETAILS

Key Holder: _____ Key Holder Aggie ID: _____ NMSU E-mail Address: _____ Phone: _____

Is this to replace a: Worn key (MUST be turned in to Access Control) Lost/Stolen Key (Rekeying charges may apply)
*Worn keys must include a Door Key Return Form

Building: _____ Room(s): _____ Key #s: _____
(If known)

Index # to be charged: _____

Business Justification (Required if requesting master or sub-master keys):

SECTION 4: OFFICIAL APPROVAL

Dept. Head/Dean/Director Printed Name: _____ Signature: _____ Date: _____

FOR MASTER KEY ONLY

Assistant VP of Facilities - Printed Name: _____ Signature: _____ Date: _____

Dean/VP - Printed Name: _____ Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Work Order #: _____

Key Release Spreadsheet Updated (Initial): _____ Date: _____

Key Holder Responsibilities Statement

Name: _____ Aggie ID: _____

This Agreement is intended to define the responsibilities of those employees or affiliates who have access to NMSU facilities and to record recognition and acceptance of that responsibility.

Within NMSU, employees or affiliates are authorized access to University facilities only to the extent necessary to perform their official university duties, and are responsible for protecting such facilities against unauthorized access or misuse.

Recognizing this responsibility,

I agree to the following (please initial each line):

- _____ I will only access NMSU facilities after hours for official business.
- _____ I will not loan or transfer my keys to any other individual.
- _____ I will verify that the entrance is secured upon entry and leaving.
- _____ I will not allow anyone to follow me through the entry unless I am their direct supervisor, or an instructor providing access to the classroom, or a responsible person providing access to space based on a University-approved purpose.
- _____ Suspicious persons or activities will be reported to NMSU Police. (575) 646-3311.
- _____ If I lose my key, I will notify Access Control immediately. (575) 646-7114.
- _____ Duplicating or replacing keys through an outside agency, company, or private business is prohibited.
- _____ I will return keys to University Access Control if I terminate or transfer within the University.

Signature: _____ Date: _____