



# Door Key Request

ROUTING	FIS, MSC 3545 keyaccess@nmsu.edu Phone 646-7114 Fax 646-6432
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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     Outside 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 and/or outside door keys.):**  
(What is the business that you will be conducting that requires to have a key outside the normal building hours?)

## 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: \_\_\_\_\_

Reset

## Key Holder Responsibilities Statement

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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: \_\_\_\_\_