

# UMASS/BOSTON CAMPUS CENTER KEY REQUEST FORM

Administration, Operations & Conference Services, Campus Center U330

Phone: (617) 287-4800 \_ Fax: (617) 287-4810 \_ Email: campus.center@umb.edu

**All requests for access cards or keys in the Campus Center must be made through the Campus Center Administration Office. Please Report any lost or stolen access cards or keys. A charge of \$7 will be assessed for any lost, stolen or damaged card.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Staff ID or SS # \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Floor: \_\_\_\_\_ Room/Cubicle Number: \_\_\_\_\_

## TYPE OF KEY REQUESTED (Check all that apply):

### 1. PROXIMITY ACCESS CARD (Dept Head or Student Life must sign below and select your access level)

New \_\_\_\_\_ Lost \_\_\_\_\_ Damaged \_\_\_\_\_ Name Change \_\_\_\_\_ Department Change \_\_\_\_\_

Department's Floor Location \_\_\_\_\_

### 2. DESK/FILE CABINETS FOR OFFICE/CUBICLE

New \_\_\_\_\_ Lost \_\_\_\_\_ Damaged \_\_\_\_\_ Name Change \_\_\_\_\_ Department Change \_\_\_\_\_

Key requested for desk/file cabinets in office/cubicle # \_\_\_\_\_

### 3. STAND-ALONE FILE/STORAGE CABINET

New \_\_\_\_\_ Lost \_\_\_\_\_ Damaged \_\_\_\_\_ Name Change \_\_\_\_\_ Department Change \_\_\_\_\_

Key requested for file cabinet(s) located between (or in) office #'s \_\_\_\_\_

### 4. DOOR KEYS FOR OFFICE, ROOM OR STORAGE SPACE

New \_\_\_\_\_ Lost \_\_\_\_\_ Damaged \_\_\_\_\_ Name Change \_\_\_\_\_ Department Change \_\_\_\_\_

Key requested for office, room or storage space # \_\_\_\_\_

## Department Head or Office of Student Life Authorization:

I authorize this individual to receive the keys listed and described above. If they are requesting a Proximity Access Card, I authorize access to the Campus Center as indicated below: (Check one category of access)

\_\_\_\_ Unlimited Access  
(All hours, all days)

\_\_\_\_ Building Hours  
(M-F 7-11, Sat & Sun 8-10)

\_\_\_\_ Office Hours Only  
(8am-7pm)

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use:** Name of Staff Member issuing key(s): \_\_\_\_\_ Date: \_\_\_\_\_

Distributed Access Card # \_\_\_\_\_ Key #'s \_\_\_\_\_