

Date of Birth:



Card/Key Holder Name:

Cell Phone #:

Non-University Employee Identification Card & Access Request Form

Revised 7/28/22

All fields are required. Form data must by typed (hand-written forms will not be accepted).

Section 1: Card/Key Holder to Complete This Section

Email:

Company/Organization:

Business Address:					
Section 2: BU Project Coordin Project/Purpose:			Start Date:		End Date:
,					
BU Project Coordinator Name:		Email:			Today's Date:
Type of Request (check one or more:	☐ ID Card (Include \$20 check made payable to Binghamton University and digital photo of cardholder)		☐ Electronic Door Access (ID card required)		☐ Key Access (If given access to keys in a KeyWatcher electronic key cabinet, then an ID card is required)
Describe in detail the access required (including locations and days/times):		,			
BU Project Coordinator					
Signature:					
Section 3: Lock Shop to Complete This Section					
Check #:		Date Received:		Received by:	
Lock Shop Notes:			,		
I, the undersigned, agree to the Keys/ID cards must remain secured designated work hours, to access an other party. Access to secured areas leaving the work area. If such access KeyWatcher daily upon completion of keys be removed from the building of cards must be reported and returned Shop and the University Police Deparacompletion or earlier if no longer need must be requested by the BU Project I agree to the above and to abide bunderstand and agree that any vio	or under the issue thorized areas reles may not be given is authorized, keep of work and prior to the from campus. A immediately to the immediatel	ated to the project son to any party other eys removed from a pleaving the building the project son the project son to leaving the building the project son th	than authorized personne than authorized personne KeyWatcher electronic ke g (or campus, depending od to the KeyWatcher daily s Lock Shop. Lost keys/ID ed. Keys/ID cards must be ndicated above. Any extensop. uding the University Buil	rds must no I. Areas mu y cabinet mo on work loca shall be con cards must e returned to nsion beyon	t be duplicated or lent or given to any ast be re-secured immediately after ust be returned to the designated ation). Under no circumstances may asidered lost. Damaged keys/ID be reported immediately to the Lock of the Lock Shop upon project and the End Date indicated above
liable for the expense of a rekey for	or the affected are	ea(s).	-	•	
Card/Key Holder Name (print)		Signature:			