

CCNY CYLINDER APPLICATION

CAMPUS PLANNING & FACILITIES MANAGEMENT

DEPARTMENT: _____

Please Read:

- * I UNDERSTAND THAT THIS CYLINDER & KEY IS COLLEGE PROPERTY AND IS FOR MY USE ONLY
- * I WILL NOT SELL, GIVE OR LEND THE KEY TO ANYONE
- * I WILL NOT DUPLICATE THE KEY
- * I WILL IMMEDIATELY INFORM THE PUBLIC SAFETY OFFICE, IN WRITING, IF I LOSE THE KEY
- * I WILL RETURN THE KEY TO PUBLIC SAFETY UPON MY SEPARATION FROM THE COLLEGE

NAME	BUILDING	ROOM	REASON FOR CHANGE

**KEYS ARE ISSUED TO FACULTY AND STAFF AND MUST BE APPROVED BY A DEAN,
CHAIRPERSON OR DEPT. HEAD**

A SIGNATURE AND PRINTED NAME IS REQUIRED

DEAN OR CHAIRPERSON'S PRINTED NAME: _____

TITLE: _____ SIGNATURE: _____ DATE: _____

Submit this form below:

1) Using this link: <https://forms.cloud.microsoft/r/iccMBLlqBW>

2) Or using this QR code:



THE FACILITIES OFFICE WILL CONTACT YOU WHEN THE KEYS ARE READY. KEYS CAN BE PICKED UP IN COMPTON GOETHALS ROOM 04 BETWEEN THE HOURS OF 8:30 AM - 4:30 PM.

(Facilities Use Only)

PRINT NAME: _____ PICK-UP DATE: _____

SIGNATURE: _____

Work Order #: _____