

CCNY KEY APPLICATION

CAMPUS PLANNING & FACILITIES MANAGEMENT

DEPARTMENT: _____

Please Read:

- * I UNDERSTAND THAT THIS 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 | KEY CODE | PHONE EXT. | EMAIL |
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**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: _____

To submit this form:

- 1) Deliver to Facilities Office in the Marshak Building Room 1208A.
- 2) Submit the request via email. Since it is a PDF document you will have to print it out and have the appropriate Dean, Chairperson or Department Head sign it then scan and email it to Facilities@ccny.cuny.edu.
- 3) You may also fax it to (212) 650-6874.

THE FACILITIES OFFICE WILL CONTACT YOU WHEN THE KEYS ARE READY. KEYS CAN BE PICKED UP IN MARSHAK ROOM 1208A BETWEEN THE HOURS OF 8:30 AM - 3:30 PM.

(Facilities Use Only)

PICK-UP DATE: _____ SIGNATURE: _____

Work Order #: _____