



FACILITY KEY(S)/FOB ACCESS

Individuals requiring building access must complete this form in its entirety to ensure appropriate entrance.

NAME _____ State of MN Employee: YES NO
DEPARTMENT _____ Home Campus _____
SUPERVISOR _____

Location(s) requiring access *(if access is required at multiple locations, please check all necessary boxes):*

- Canby
- Granite Falls
- Jackson
- Luverne
- Pipestone
- Worthington
- Admin/Classroom Bldg.
- Gym
- Unlimited access to all campuses

Is this request for **Interior Door Access Only**: YES NO *(if YES, return to Campus Facility Lead)*

List interior room numbers requiring access _____

I, the undersigned, do hereby take full responsibility for the above designated facility key(s)/fob and will abide by the following rules:

1. The key(s)/fob will not be duplicated under any circumstances.
2. I will not permit any other person to use said key(s)/fob.
3. I will return the key(s)/fob when assignment or need terminates, or when requested by the supervisor.
4. Lost key(s)/fob should be reported immediately to their Supervisor.

SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

KEY(S)/FOB ACCESS MANAGER _____ DATE _____

NOTE: Programmed key fobs will be sent to the Campus Facility Lead on the Home Campus listed above for testing prior to distribution. If access is granted at multiple locations, it is the responsibility of the cardholder to have Campus Facility Lead at other location(s) test for assured access.