Revised 08/23/17

ALARMS & ACCESS CONTROL UNIT

University of California Police Department *(510) 643-9375*

Please bring Cal ID and completed form to 6195EH (Tues - Fri 9am - 11am)

CARDKEY APPLICATION

CARD # _____ First 6 digits on bottom right hand corner on back of Cal ID

Last Name, First_____ **Bldg: Etcheverry and/or Hesse**

Access (Room #s) Requested: _____, _____, _____, _____

_____, _____, _____, _____, _____

E-mail Address: _____ **Work Phone:** _____

A Maximum of 2 Semesters is allowed for building access for Undergraduate and Graduate Students

❑ **Faculty (No fee)** ❑ **Staff (No fee)**

❑ **Graduate** ❑ **Undergrad** *Cal ID #:* _____

❑ **Other (PostDoc, VS, VSR, VIF)** *Access Expiration Date:* _____

Authorization Signature and Date: _____

Authorizing Name and Title (Print) _____

AGREEMENT

Access to Rm 5140 EH (Coffee Room) is RESTRICTED to ME Faculty and ME Staff

I understand and agree that the cardkey issued upon approval of this request is the property of the Regents of the University of California and

a) that the cardkey will be returned upon request or at the time of separation from UC employment

b) that I will report it's loss or theft to the University Police Department and to the issuing department as soon as such loss or theft is noted, and

c) that the cardkey is issued for my exclusive use and may not be duplicated, loaned or used to allow any unauthorized person into a controlled area.

I further understand and agree that my full cooperation will be expected during any investigation concerning a security matter which might have occurred in a controlled facility during a time when my presence in the facility has been recorded by the system.

Abuse of the cardkey privilege and/or non-compliance with this agreement is a violation of Penal code 469, and may result in the revocation of cardkey use and/or disciplinary or criminal action.

$5 Non-refundable fee PER SEMESTER and PER BUILDING required for after hours building access.
Please make check or money order payable to UC Regents (Sorry, NO Cash or Credit Card accepted)

_____

Cardholder's Signature *Date*

$5 FEE per semester: ❑ *Paid by Cardholder* ❑ *Paid by Issuing Dept.* ❑ *Charge to Account #*_____

☐ CHARGE TO COA:_____ JOURNAL:_____ J/L DATE:_____

☐ CHECK OR MONEY ORDER # _____ RECEIVED BY:_____