

ALARMS & ACCESS CONTROL UNIT



University of California Police Department

(510) 643-9375

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 (Building, Room #s) Requested: _____, _____, _____ _____			
E-mail Address: _____		Work Phone: _____	
<i>A Maximum of 2 Semesters is allowed for building access for Undergraduate and Graduate Students</i>			
<input type="checkbox"/> Faculty (No fee)	<input type="checkbox"/> Staff (No fee)	Cal ID #: _____	
<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergrad	Access Expiration Date: _____	
<input type="checkbox"/> 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. Fee is payable by Debit/Credit card or check made payable to UC Regents (Sorry, NO Cash)

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: _____