

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: _____

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

☐ Faculty (No fee) ☐ Staff (No fee) Cal ID #: _____

☐ Graduate ☐ Undergrad

☐ 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.

Cardholder's Signature

Date

ATTN: Visiting Scholars, Visiting Student Researchers and Visiting Industrial Fellows, please bring completed form and Cal ID to 6195 Etcheverry Hall.