



NEVADA STATE COLLEGE ACCESS DEVICE CONTROL LOG

I. Authorization to Issue Keys:

I authorize _____ to be issued keys to the following areas:

- Full Time Access Standard
- PTI Access Standard
- Student Worker Access Standard
- Department: _____
- Other _____

Head of Department Authorization _____
Signature Date

II. Receipt of Keys / Agreement

I agree not to give or lend the above keys to others, nor to make unauthorized copies of the above keys. Failure to return keys upon request may be punishable under the campus judicial system or local court. I also understand that if any key needs to be replaced for any reason (to include misuse / lost / stolen) that there will be a mandatory \$10.00 replacement cost per key. In addition, if a master devise needs to be replaced for any reason (to include misuse / lost / stolen) that there will be a charge for all labor and supplies incurred to restore adequate campus security. There will be no exceptions. I also understand that when I use my access devise to enter a secured area, I am taking responsibility for the contents of the area and am responsible to secure the area when leaving. Providing access or accessing a secured area without permission from the department head or your supervisor can result in disciplinary actions including and up to termination of employment. Under no circumstances will I leave an unauthorized person in a secure room. I will contact the Lock Shop immediately if an access devise is misused, lost, or stolen. Control Coordinator at 992-2252

Applicant: _____
Signature Date

III. To be Completed by Access Control Coordinators

Date Issued: _____ By: _____

Fob Key #(s): _____ Key Card #(s): _____

◆ ALL KEYS MUST BE RETURNED PROMPTLY TO THE BUILDING COORDINATOR PRIOR TO TERMINATION WITH THE DEPARTMENT.

◆ DO NOT EXCHANGE ANY KEYS

I. Returned Keys

- ALL KEYS MUST BE RETURNED PROMPTLY TO THE CONTROL COORDINATOR PRIOR TO TERMINATION WITH THE DEPARTMENT.
- DO NOT EXCHANGE ANY KEYS.

I certify that the above key (s) were returned to Facilities Management & Planning

FMP Staff signature: _____ date: _____