



FACULTY/STAFF ID KEY CARD REQUEST FORM

PRINT NAME: _____

DEPARTMENT: _____

TEMP STAFF ADJUNCT FACULTY (circle one) Term date: _____

- New Card Replacement Card

I, the undersigned, hereby acknowledge receipt of the ID/KEY CARD described below. I promise and agree to return the ID/KEY CARD to Administrative Services or Human Resources upon termination of my employment.

I agree that I will wear the ID/KEY CARD visible from the belt or above, on a lanyard or clip. I understand that it is Regent University policy for all faculty, staff, students and other visitors to display their ID/KEY CARD as soon as it is received.

I further agree to reimburse the Administrative Services Office for replacement cost of \$15.00 if my ID/KEY CARD is lost, damaged, or otherwise unavailable for return. This fee is refundable if ID/KEY CARD is subsequently found. I understand that my ID/KEY CARD is issued to me personally and cannot be passed along to someone else for temporary use, or passed on to a new employee upon my departure from Regent University.

At no time will I leave my ID/KEY CARD unattended.

SIGNATURE: _____ DATE: _____

FOR AFTER-HOURS ACCESS

AUTHORIZATION BY DEAN OR VP ONLY

Authorized Name: _____

Authorized Signature: _____ Date: _____

Circle Building Access Needed ADM CRB LIB RH ACLJ COM SC Commons

Reason _____