

ROOM / KEY ACCESS REQUEST

THIS FORM MUST BE SUBMITTED ELECTRONICALLY AND SENT TO: policedispatch@newhaven.edu

PLEASE READ THIS FORM MUST BE COMPLETED AND RETURNED TO CAMPUS POLICE (electronically) FOR STUDENT ACCESS TO VARIOUS CLASSROOMS, LABS, AND VARIOUS AREAS OR TO GIVE PERMISSION TO SÍGN OUT KEYS. KEYS THAT ARE SIGNED OUT WILL REQUIRE LEAVING A COPY OF THE STUDENT'S ID WHICH WILL BE RETURNED WHEN THE KEYS ARE SIGNED BACK IN. IF KEYS ARE NOT RETURNED AT DAYS END . PERMISSION FOR KEY SIGN OUT WILL BE SUBJECT TO TERMINATION. VIOLATION OF THESE CONDITIONS WILL TERMINATE ACCESS. NOTE: ONE ROOM PER FORM; FORMS WITH MULTIPLE ROOMS WILL NOT BE ACCEPTED. PHONE NUMBER **EXTENSION** DATE REQUESTOR NAME OF REQUESTOR **EMAIL ADDRESS DEPARTMENT** OFFICE # **REQUEST END BUILDING** START START **END DAYS** ROOM # SUPERVISOR NAME DATE DATE TIME TIME LIST STUDENTS NEEDING ACCESS (IN ALPHABETICAL ORDER) **EMERGENCY CONTACT INFORMATIOM** CELL PHONE: NAME: DEPARTMENT APPROVAL, DEAN, DIRECTOR OR CHAIRPERSON POSITION: NAME: DATE:

COMMENTS BELOW