

ALARMS & ACCESS CONTROL UNIT

University of California Police Department



(510) 643-9375

CARDKEY APPLICATION

CARD# _____

ID# _____

Name: _____		Building: _____	
Access: _____, _____, _____, _____, _____,			
What rooms (by #) do you have the right to access/go into? _____, _____, _____, _____, _____,			
Work Address: _____		Work Phone: _____	
Faculty	Staff	Other _____	Home/Cell Phone: _____
Graduate	Undergraduate	Expiration Date: _____	
Authorization: _____		Date: _____	
Print Above Name: _____		Phone: _____	

Facilities Management Approval

AGREEMENT

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;
- b) that I will report its' 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 revocation of cardkey use and/or other disciplinary or criminal action.

As a student, I also agree to wear my UC ID whenever inside the building during non-business hours (e.g. evenings, weekends, or holidays)

_____ Student Initial

Cardholder's Signature

Date