



KEY CARD AUTHORIZATION FORM

Please use only one form per person.

Please fill out the top part of this form, attach a copy of your receipt, and submit to Campus Computing in Bay 226. Key cards can be purchased at: www.usfsp.edu/computing/cardpayment

APPLICANT NAME (PRINT): _____

USF EMAIL ADDRESS: _____

COLLEGE, DEPARTMENT OR GROUP: _____

EMPLOYMENT STATUS: STAFF FACULTY ADJUCT STUDENT
 OTHER _____

TELEPHONE: _____

KEY CARD NUMBER (OPTIONAL): _____

REQUESTED LOCATION(S) AND JUSTIFICATION:

Dept. Head/Program Coordinator Signature _____ Print _____ Date _____

CONTROL OF KEYS IS ESSENTIAL TO YOUR CAMPUS SECURITY. DO NOT MAKE UNAUTHORIZED DUPLICATES OF CARDS. DO NOT LEND OUT YOUR CARD. RETURN ALL KEYS TO THE CAMPUS COMPUTING DEPARTMENT (BAY 226).

CAMPUS COMPUTING USE ONLY

WORK ORDER NUMBER: _____

EMAIL CONTACT DATE: _____

[] Applicant has been notified for pick up.

PHONE CONTACT DATE: _____

CARD(S) RECEIVED BY: _____
Signature

DATE ISSUED: _____

CAMPUS COMPUTING: _____
(Signature)