



**UNIVERSITY OF ARKANSAS
PULASKI TECHNICAL COLLEGE**

Building Key/Card/Access Authorization Form

Employee Name _____ Department _____

KEY/CARD ACCESS AUTHORIZATION REQUEST

Building (s) to Access	Room #'s to Access	# on Key if known	Need Access Card to:

I agree not to loan, transfer, give possession of, miscue, modify, or alter the above keys. I further agree not to cause, allow, or contribute to them making of any unauthorized copies of the above keys. I understand that the keys are college property, and they must be returned da the end of my employment with UA_PTC before my final paycheck will be released. I acknowledge that my privileges may be revoked at any time for the misuse of building keys or cards.

Employee Signature _____ Date _____

Supervisors Signature _____ Title _____ Date _____

AFTER HOURS AUTHORIZATION

BUILDING(S) NEEDING ACCESSED: _____

DATE(S) OF ACCESS: _____

TIME OF ACCESS: IN _____ OUT: _____

REASON for ACCESS _____

Employee Name _____ Department _____

Supervisor Name _____ Title _____ Date _____

I agree to make sure that I will lock the security gate behind me when I enter the parking lot and not allow any unauthorized person or vehicles onto UAPTC property. I will also make sure the building is secure when I leave campus as well as the parking lot(s). I also agree that no students will be allowed on campus during “after hours” without police presence.

Chancellors/Provost Authorizing Access: _____ Date _____

I hereby authorized or deny (check one) the above employees request for after hours authorization