



# Saint Mary's University

## Access Card Request

- \* This card request must be signed for personally by the individual the key is issued to
- \* Return this form by email to Facilities Management - [facilities.management@smu.ca](mailto:facilities.management@smu.ca)
- \* To replace a lost or stolen access card(s), a **lost/stolen key/access card report** must be completed prior to issuance of a replacement card. Please attach the report to this form.
- \* **When your access card is ready for pickup, you will be notified by email**

Building	Room #'s	Key Code #'s	Room(s) Used For What?

Requested for: \_\_\_\_\_

Position:  FT Staff     FT Faculty     Other - Please Specify

PT Staff     PT Faculty    \_\_\_\_\_

Do you need a replacement card?    Yes     No

If yes, report completed?: \_\_\_\_\_

Department: \_\_\_\_\_

Department Phone #: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Name of signing authority (please print): \_\_\_\_\_

Title of signing authority (please print): \_\_\_\_\_

Signature of signing authority: \_\_\_\_\_

Date key/card to be returned (**note: Request form is invalid without return date**): \_\_\_\_\_

### For Office Use Only

University Security Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_