Key/Card Request



Date: (d/m/y)	
Reason for Request	
Account No:	

		Trent U	niversity
	160	0 West Ba	nk Drivé
	Peterbor	ough, ON	K9J 7B8
Phone: 705-748-1011	ext. 7324	Fax: 705-7	748-1158

https://www.trentu.ca/security/access-control

Requested for:

Name:	
Department:	
Status:	
Phone:	
Email:	

Keys/Cards Requested (To be completed by Designated Authority):

Building:	Building:		
Room (e.g. DNA B 104.2):	Room (e.g. DNA B 104.2):		
Door:	Door:		
Number of Keys/Cards Requested:	Number of Keys/Cards Requested:		
Card Expiry Date (if applicable):	Card Expiry Date (if applicable):		
(For Locksmith use) Visual Code (e.g. BB3):	(For Locksmith use) Visual Code (e.g. BB3):		
Key Wizard Number(s):	Key Wizard Number(s):		
Building:	Building:		
Room (e.g. DNA B 104.2):	Room (e.g. DNA B 104.2):		
Door:	Door:		
Number of Keys/Cards Requested:	Number of Keys/Cards Requested:		
Card Expiry Date (if applicable):	Card Expiry Date (if applicable):		
(For Locksmith use) Visual Code (e.g. BB3):	(For Locksmith use) Visual Code (e.g. BB3):		
Key Wizard Number(s):	Key Wizard Number(s):		

Requested by:

Designated Authority:

Department:

E-mail: Phone: Signature

Please note that only Designated Authorities for each department are authorized to request keys. Once completed, you may click the submit form button and if emailed from the Designated Authority's Trent email account no signature is required or fax the form to the Access Control office at 748-1158 or send this form by internal mail to Parking and Access Control Office, BH. IF YOU FAX/E-MAIL THIS FORM, PLEASE DO NOT MAIL IT AS WELL. INCOMPLETE FORMS WILL BE RETURNED TO REQUESTER. ALL FORMS REQUIRE AN ACCOUNT CODE. Once your order is complete the Parking and Access Control office will contact you to arrange pick up of the keys.

For office use only:

	Name	Date Keys Received	Signature	Date Keys Returned
RMD				
DA				
Key Holder				
Total Cost	:			

keys@trentu.ca