

St Jude Church & School

Key/Access Card Request & Agreement

Please Type or Print Legibly

A. PERSON INFORMATION: Faculty: Staff: Group: Ministry:

1. Keyholder Name - Person needing key/card (<u>Last, First, MI</u>)	2. Phone Number:	3. Date:
4. Address:	5. E-Mail Address:	
6. City/State/Zip:	7. Department/Group/Ministry: (If Applicable)	

B. ACCESS TYPE NEEDED: Key: Access Card:

8. Access Requested to (<u>Building Name & Room Number(s)</u>):	9. List Days & Times (No Access During School Hours)	
	10. Date access is needed:	11. Check if access needed indefinitely: <input type="checkbox"/>
12. Explain Reason for Request:		

C. INTERNAL USE ONLY - APPROVAL INFORMATION - All requests must be approved before issuance.

13. Comments:		
14. Maintenance Directors Name:	15. Signature:	16. Date:
17. Principles Name:	18. Signature:	19. Date:
20. Pastors Name:	21. Signature:	22. Date:
23. IT Supervisors Name	24. Signature	25. Date:

D. INTERNAL USE ONLY:

26. Request #:	27. Order #:	28. Date Submitted:	29. Date Received:
30. Key# - Key Type / Access Card #:			31. Keyholder Notified:

E. KEY/ACCESS CARD AGREEMENT - Check each box indicating that you agree to the provisions.

- Electronic access to buildings is monitored and logged. Usage reports and logs are reviewed by Faculty/Staff. Access may be limited to certain time frames.
- After-hours access to the facilities is intended for legitimate purposes only. Upon request of the Staff, individuals are expected to provide identification and a legitimate reason for his/her presence on property.
- Keys and/or access cards issued by St Jude remain the property of St Jude and must be returned upon request. There is a \$25 fee for keys and/or access cards that have not been returned.
- Keys/Access cards that are lost, misplaced, or stolen must be reported to St Jude immediately at 815-485-8049.
- I am responsible for letting my group, and only my group, into the facility and will not provide access to other individuals outside of my group at any time.
- I agree to not loan, transfer, give possession of, misuse, modify, alter, or make a copy of the key and/or access card.
- I AGREE THAT I WILL NOT PROP, OR HOLD OPEN, ANY EXTERIOR DOORS AT ANY TIME.
- I, the undersigned, acknowledge receipt of the key and/or access card designated above in Section D. and I further understand and agree to abide by the ZERO tolerance provisions of this agreement.

Keyholder Signature: (By my signature I acknowledge receipt of this key/card and agree to the provisions above.)	Date:
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Key/Access Card Form Instructions

Please Type or Print All Fields Legibly

SECTION A – PERSON INFORMATION

Select the appropriate checkbox identifying whether the keyholder is a Faculty Member, Staff, Student or Other.

1. **Keyholder Name** – This is the name of the person to be issued the key and/or access card.
2. **Keyholder Phone Number** – This is the person's Phone Number.
3. **Date** – Enter the date you are making the request.
4. **Address** – Enter the address of the keyholder in Box 1 who is to receive the key/access card.
5. **E-Mail Address** – Enter the e-mail address of the keyholder in Box 1 who is to receive the key/access card.
6. **City/State/Zip** – Enter the City/State/Zip of the keyholder in Box 1 who is to receive the key/access card.
7. **Department** – Enter the Department name of the person in Box 1 who is to receive the key/access card.

SECTION B - ACCESS TYPE NEEDED

Select the appropriate checkbox to indicate whether a key and/or an access card are being requested.

8. **Access Requested To** – Enter the Building Name(s), Room Number(s) or Door Number(s) for which access is needed. e.g., Science/ AS-106-L, etc. Enter the key number needed if known.
9. **List Days/Times Access is Needed** – Enter the days of the week and times of the day that access is needed. e.g., 24x7, Mon-Fri, 7a-7p, etc.
10. **Date Access is Needed Until** – List the date that access is needed until (this is used for access card programming.) Once this date has passed, the access card would be disabled and must be returned to St Jude.
11. **Check if Access is Needed Indefinitely** – Check box used to indicate indefinite access. This is typically used when issuing a permanent key to a person.
12. **Reason for request** – Explain the purpose for the access.

SECTION C - APPROVAL INFORMATION (All requests must be approved by the departments head)

13. **Comments** – Enter and comments to help approve or deny the request.
14. **Maintenance Directors Approval**
17. **Principles Approval**
20. **Pastors Approval**
23. **IT Departments Approval and Programming**

SECTION D – INTERNAL USE ONLY (Used internally)

26. **Request Number** - Assigned by the IT Department
27. **Order #**
28. **Date Submitted**
29. **Date Received for Programming.**
30. **Key#, Key Type, Access Card #**
31. **Date Keyholder was notified**

SECTION E – KEY/ACCESS CARD AGREEMENT

NOTE: DO NOT SIGN THIS KEY/ACCESS CARD AGREEMENT UNTIL YOU ACTUALLY RECEIVE THE KEY.
YOUR SIGNATURE IS AN ACKNOWLEDGEMENT OF RECEIVING THE KEY/ACCESS CARD

This completed "Key/Access Card Request" form may be e-mailed to cardaccess@stjudes.org or dropped off at St Jude Parish Office during normal office hours for processing.

NOTE: Incomplete/inaccurate forms may delay processing.