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| University Facilities Management  Lock Shop 330-672-7846  **ELECTRONIC LOCK FORM**  **Onity & Best Systems**  Additions & Deletions – Email ufm\_service\_center@kent.edu | |
| **Date** |  |
| **Work Request Number** |  |
| **Building** |  |
| **Department Requesting Access to Room(s)** |  |
| **Index Number** |  |
| **Phone and Fax Numbers** | Phone: Fax: |
| **Authorized Signature** |  |
| **Term** | PT Faculty  FT Faculty  PT Staff  FT Staff  Student |
| **Additions:**  **Name and Kent State I.D. Number**  **Include Card no. If they already have one.**  **If More than one person include term for each.** |  |
| **Room Number(s) to be added or deleted** |  |
| **Deletions:**  **Include Name, Card and Kent State I.D. Number** |  |
| **Additional Comments** |  |
| **Authorized Signature for Department or Building Location of Classroom** |  |

**Note: All part-time faculty or staff and students will have a one year expiration date. If a specific expiration date within 1 year is desired please specify in the additional comments.**