|  |
| --- |
|  University Facilities ManagementLock 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.**