



# Access Request Form

Department of Access Control & Security Systems

Phone: (216) 687-5386

Fax: (216) 802-3383

Email: [access.security@csuohio.edu](mailto:access.security@csuohio.edu)

Recipient Name: \_\_\_\_\_ CSU I.D. # \_\_\_\_\_  
Last First M.I.

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

- Student
  Faculty
  Staff
  Contractor

## Key Request Information

For a replacement key you must file a CSU police report (687-2020) and attach a copy to this form.

Building	Room Number	Office Use	Office Use Keystone Verification _____ KR/SR # _____

## Prox Reader Door Access

Building	Room Number	Office Use

24 Hour Access    Access Termination Date: \_\_\_\_\_    Prox Card Number: \_\_\_\_\_

## Other AC&SS Work/Service Requests (Lock Changes, Rekey, Keypad Batteries, Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Single-Use Access Authorization (SUAA) card

PeopleSoft Account Number: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SACC Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**READ:** For card access, recipient signs now. For keys, recipient signs at pick-up (Campus Safety Building, M-F 8a-4:30p). Keys, SUAA, or electronic access will be available five (5) days after receipt of this form from the SACC to AC&SS. Signature on this form confirms reading and agreement with rules, regulations, and policies located on the AC&SS webpage.