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| STAFF or FACULTY (All key holders listed on form must have identical access) | | | |
| ADD ACCESS | EXTEND ACCESS | REMOVE ACCESS | DELETE KEY & PROFILE |

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| **FIRST NAME:** | | | **LAST NAME:** | | **DEPT:** | **KEY START DATE**  (Optional) | **KEY EXPIRY DATE**  (Required) | **DAYS OF WEEK**  Only check boxes if you do not want 7-days per week | | | | | | | |
|  | | |  | |  | **MM-DD-YYYY** | **MM-DD-YYYY** | **M** | **T** | **W** | **R** | | **F** | **S** | **S** |
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| ACCESS ZONE: | | | | | **KEY ACCESS TIMETABLE** | **START DATE:**  **MM-DD-YYYY** (Optional) | **EXPIRY DATE:**  **MM-DD-YYYY**  (Required) | **24 HRS**  **PER DAY** | | | | **REG. BLDG HOURS** | | | |
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| **BLDG, ROOMS, ELEVATORS & STAIRS** | | | | | **KEY ACCESS TIMETABLE** | **START DATE:**  **MM-DD-YYYY** (Optional) | **EXPIRY DATE:**  **MM-DD-YYYY**  (Required) | **24 HRS**  **PER DAY** | | | | **REG. BLDG HOURS** | | | |
| **BLDG** | **DOOR NUMBERS** | | | |
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| **ADDITIONAL INFO** |  |

ALL ACCESS REQUESTS MUST BE APPROVED BY YOUR DEPT’S DESIGNATED SALTO APPROVER

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| **DEPT APPROVER:** | | **ADDITIONAL AUTHORIZATION:** (when required) | |
| NAME: |  | NAME: |  |
| DEPT: |  | DEPT: |  |
| EMAIL: |  | EMAIL: |  |