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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)** |
|  | | | | |  | | |  | **YYYY-MM-DD** | **YYYY-MM-DD** |
|  | | | | |  | | |  |  |  |
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| ACCESS ZONE: (24 HR BLDG ACCESS, DEPT ZONES, ETC.)  (IE: SCI 24 HRS) | | | | | | | | **CARDHOLDER TIMETABLE** | **ACCESS START:**  **YYYY-MM-DD**  (Optional) | **ACCESS EXPIRY:**  **YYYY-MM-DD**  **(Required)** |
|  | | | | | | | |  |  |  |
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| **ROOMS, ELEVATORS& STAIRS** | | | | | | | | **CARDHOLDER TIMETABLE** | **ACCESS START:**  **YYYY-MM-DD** (Optional) | **ACCESS EXPIRY:**  **YYYY-MM-DD**  **(Required)** |
| **BLDG PREFIX** | **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:** | |  | |
| NAME: |  | DEPT: |  |