
ALARMS & ACCESS CONTROL UNIT

University of California Police Department



(510) 643-9375

CARDKEY APPLICATION

CARD # _____

Name: _____	Building: _____
Access: _____, _____, _____, _____, _____	
_____ , _____ , _____ , _____ , _____	
Work Address: _____	Work Phone: _____
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff
<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergrad
<input type="checkbox"/> Other	Employee ID #: _____
	Expiration Date: _____
Authorization: _____	Date: _____

AGREEMENT

I understand and agree that the cardkey issued upon approval of this request is the property of the Regents of the University of California and

- a) that the cardkey will be returned upon request or at the time of separation from UC employment
- b) that I will report it's loss or theft to the University Police Department and to the issuing department as soon as such loss or theft is noted, and
- c) that the cardkey is issued for my exclusive use and may not be duplicated, loaned or used to allow any unauthorized person into a controlled area.

I further understand and agree that my full cooperation will be expected during any investigation concerning a security matter which might have occurred in a controlled facility during a time when my presence in the facility has been recorded by the system.

Abuse of the cardkey privilege and/or non-compliance with this agreement is a violation of Penal code 469, and may result in the revocation of cardkey use and/or disciplinary or criminal action.

A fee of \$ _____ will be charged to replace a lost card key.

Cardholder's Signature

Date

DEPOSIT: Paid by Cardholder Paid by Issuing Dept. Charge to Account # _____