Mountain View College
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

# ACCESS KEY-CARD REQUEST FORM

Name: _____ Date: _____ Ext. Tele. #: _____ Employee ID#: _____
*(Please Print)*

Emp. Status (circle one): **Administrator** **Faculty** **Adjunct** **PSS** **PT-PSS** **DISD** **Sub-Contractor**

Access Card type: ☐ New ☐ Change ☐ Replacement ***(Dean/Director approval ONLY)***

**Doors to be accessed:** ☐ All-Media-Equipment (SMART) Classrooms ☐ All Non-Media (Standard) Classrooms
☐ Access rooms listed below -- ***ONLY*** (be sure to **separately** list all copy/work and breakrooms)

_____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____

Approved: _____ Date: _____
Dean / Director

Authorized: _____ Date: _____
President / Vice President

**Access Key-Cards will be processed each week on *Tuesday and Thursday*. Admin. Assistants, Secretaries, or other Dept./Div. designated personnel will be notified by email when cards are ready for pick up. Cards may be picked between *8:00am and 4:00pm*. Cards still remaining *after 3 weeks* will be returned to stock.**

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**Please read before signing:** Lost/Stolen Access Control Key-Card: 1) Cardholder must notify Facilities immediately; 2) Submit a copy of a previously submitted Request form to Cashier's office along with $25.00 replacement fee (to be deposited to **GL # 11-06-802000-24401**); then, 3) Cardholder will present form & payment receipt to Facilities Dept. to obtain a new Access Key-Card.

I understand and agree that violation of this agreement may render me responsible for the expense of $25.00 to replace a lost/misplaced Access Key-Card ***or*** for reconfiguring of the software program for the affected area(s).

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I, THE UNDERSIGNED, ACKNOWLEDGE RECEIPT OF THE ACCESS KEY-CARD. I AGREE NOT TO LOAN, SHARE/TRANSFER POSSESSION OF, MISUES, OR ALTER THE KEY-CARD THAT HAS BEEN ISSUED TO ME.

SIGNATURE & DATE: _____ card #: _____

DATE CARD RETURNED: _____ SIGNATURE & DATE: _____

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