## OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM AUTHORIZATION TO ISSUE KEY

ADMINISTRATIVE SERVICES/#MC2551/REVISED, MARCH 2024

INSTRUCTORS: THIS FORM IS NOT NEEDED FOR ROOM KEY(S) THAT HAVE BEEN ASSIGNED TO YOU THROUGH THE CLASS SCHEDULE.

LAB AND ALL OTHER KEYS REQUIRE THIS FORM

Print Name	Position Title	ID#
Phone	Email	Date
REQUESTED KEYS: Room Key Requires signature (1) and (2)		LIST KEY OR ROOM NUMBER(S)
Exterior Building Key Requires signature (1) and (2)		
Building Master *Requires signatures (1), (2), (3), and	(4)	-
Grand Master *Requires signatures (1), (2), (3), and	(4)	
Room Key	ADMINI Faculty, Adjunct, Classified Staff,	STRATIVE PROCEDURE 3143 Part-Time Classified
Exterior Building Key	Faculty, Adjunct, Classified Staff, Pa	art-Time Classified, and Staff Residing in Building
Building Master:	All full-time Maintenance, Custodian, Security, Events, Audio Visual, Property Control (including Warehouse and Mailroom) staffs, Dean/Area Directors and Area Secretaries	
Grand Master:	Facilities Management, Law Enforcement, Locksmith and Senior Administration	
Save	AUTHORIZING SI form and add requestors last and first (Example: KeyAuthorization_I	t name and date to the end of file.
(1) Manager/Sunery	isor/Dean Signature	Date
(2) Area Vice President Signature		Date
(3)*Director of Facil	ities Management Signature	Date
	o o	
(4)*Vice President o	of Administrative Services Signatur	re Date
have received, understood, and agreed to	Board Policy 3143, CA Penal Code	and misuse by yourself or others. You also acknowledge that you e §469, "Unauthorized making, duplicating, use or possession of a g a key or keys, will result in a charge of \$50.00 per key.
Employee Signature		Date
OFFICE USE ONLY		Date