



## Key/Salto Request Form

Please allow up to two weeks for processing.

Faculty

Adjunct Faculty

Full-Time Staff

Part Time Staff

Student

Off Campus/Volunteer

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

LCSC ID# \_\_\_\_\_ Email Address: \_\_\_\_\_

Access needed for following reason: \_\_\_\_\_

\_\_\_\_\_

Replacing Whom: \_\_\_\_\_

Standard Key – Building/Room Numbers: \_\_\_\_\_

\_\_\_\_\_

Salto: \_\_\_\_ Fob \_\_\_\_ Building/Room Numbers: \_\_\_\_\_

\_\_\_\_\_

Exterior Entrance: \_\_\_\_ Yes \_\_\_\_ No

Expiration Date if applicable: \_\_\_\_\_

Note: Student Salto access will expire at the end of the school year.

Submit a new access request to continue access.

## Authorization

The supervisor of the above-named person is responsible to see that this person returns any key/Salto issued to them directly to the **Department of Public Safety** before they leave **LC State**.

\_\_\_\_\_  
Signatory/Approver                      Email                      Digital ID Signature

Supervisor                      \_\_\_\_\_                      \_\_\_\_\_

Dean/VP/Pres.                      \_\_\_\_\_                      \_\_\_\_\_

Public Safety                      \_\_\_\_\_                      \_\_\_\_\_

## Key/Salto Holder Statement of Understanding

- I understand that I am personally responsible for the key(s)/Salto fob issued to me.
- I understand that I am not to loan key(s)/Salto fob to any other person.
- I understand that I am required to report lost or missing key(s)/Salto fob to the Public Safety Office within 24 hours.
- I understand that there is a \$25.00 charge for each nonreturned/lost room and entrance key.
- I understand if lost or missing keys result in re-keying the areas I have access to, I may be held responsible for any costs incurred.
- I understand I am responsible for returning the campus key(s)/Salto fob checked out to me directly to the Department of Public Safety when they are no longer needed, or my employment at the college terminates. Mailing of keys is strictly prohibited.

I have read the above terms, and by signing below, am agreeing to abide by them. I understand that issuance of my final paycheck may be dependent upon the return of all key(s)/Salto fob issued to me, and//or replacement costs associated with missing, lost or unreturned units.

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

[illegible]