CARDKEY APPLICATION

Please bring Cal ID and completed form to Jairus Chappell in 6171 Etcheverry, j.chappell@berkeley.edu

CARD # ________________ First 6 digits on bottom right hand corner of Cal ID

Last Name, First: ________________ Bldg: Etcheverry and/or Hesse

E-mail Address: ________________ Work Phone: ____________

☐ Faculty ☐ Staff ☐ Graduate ☐ Undergrad ☐ Other (PostDoc, VS, VSR, VIF)

Cal ID #: ____________________________

Access Expiration Date: __________

Authorization Signature and Date: ____________________________

Authorizing Name and Title (Print) ____________________________

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 its 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.

____________________________________  ______________________________
Cardholder’s Signature  Date