



Date Requested

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD
POLICE DEPARTMENT
KEY/PROXY CARD REQUEST FORM**

Name of Individual to whom key will be issued: _____ Last First MI	Individual's Title & Department: _____ Title Department
Email: _____ Cell Phone: _____	Supervisor: _____ Ext: _____ Dean/Dept Head: _____ Ext: _____

COMPLETE THIS SECTION TO REQUEST PROXY CARD ACCESS

Proxy Card # (1st 5 numbers on back of Runner ID) _____

Building Name: _____

Room # : _____

Check only one of the 3 boxes below. If "other" is checked, complete all requested information.

☐ 24 hours/7 days

☐ Monday – Friday: 8:00 a.m. – 5:00 p.m.

☐ Other ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su Hours: _____ a.m. to _____ p.m.

COMPLETE THIS SECTION FOR KEY REQUEST

	Building Name	Room #	Key Code
Key #1			
Key #2			
Key #3			
Key #4			
Key #5			

I understand that key(s) no longer needed to perform job duties are required to be turned in to the University Police Dept. prior to issuance of new key(s). Signature of employee and Department Head are required.

☐ This request is for additional key(s) necessary for the individual's job duties. No key(s) are required to be turned in.

Signature of Individual being issued key

Signature of Dean or Department Head

NOTE: If your key or proxy card is lost or stolen, call the University Police Department at (661) 654-2111 immediately to report it.