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ARIZONA STATE UNIVERSITY
POLYTECHNIC CAMPUS POLICE

KEY/SUN CARD AUTHORIZATION FORM

(1) Date Submitted: _____ (2) Completed by: _____

(3) Department/Unit Name: _____

(4) HR Code: _____ Mail Code: 4680

(5) Access areas (select one): All areas for this HR code per the University Space Survey

Building name(s) and room number(s) listed here: _____

The following individuals are granted the key/Sun Card control authority indicated for the buildings, areas, and/or rooms that fall under the responsibility of the listed department.

(A) Authority to approve Key/Sun Card Action Forms

(6) Name (Please type or print clearly): (7) Signature:

(B) Departmental Key/Sun Card Coordinator

(8) Name (Please type or print clearly) (9) Phone Number (10) Email (Please type or print clearly)

*

The Key/Sun Card Coordinator will be the point of contact for questions and routine transactions that relate to building access. For audit purposes this person cannot sign/approve Key/Sun Card Action Forms.
*All schools/departments with Sun Card access must list two coordinators.
One Sun Card coordinator must complete an ISSAC System Administration Account Request Form.

(C) Authorization Form Approval

(11) Name of approving Unit head ** (12) Signature (13) Date
(Please type or print clearly)

**Unit head - academic deans and chairs or non-academic deans or directors

Please return completed form to:
ASU Polytechnic Facilities Management
Fax 727-1114 or Mail Code 4680

ASUP 1-29-10