

GRCC Building Access Request (Pursuant to Policy 14.14)

Date Requested: _____

Date Received: _____

Name (print): _____ Employee ID: _____

Department: _____ Title: _____

Reason for Request: New Replacement

Reason for replacement: _____

Requesting Party (Must be a department head, director or supervisor.)

Name (print): _____ Phone: _____

Department: _____ Title: _____

Keys Needed (Fill in known information.)

Key Number (locksmith use only)	Building	Door(s) and/or Lock(s) to be Opened (Raider Card Access included)	Restricted Time(s)	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Required Signatures

Executive Director and/or Associate Dean: _____ Date: _____

Police Department (CCH Complete): _____ Date: _____

Chief of Police: _____ Date: _____

Submission Instructions You must return this form in one of the following ways:

Print and mail OR return to: Campus Police Department
25 Lyon St., NE
Grand Rapids, MI 49503-3295

OR FAX to: (616) 234-4962

OR scan/email to: mmbarnum@grcc.edu

