# Key Warden Access Request

**Request Type:**
- [ ] New
- [ ] Addition
- [ ] Change
- [ ] Cancel
- [ ] Other

**Name:**

**Department:**

**Building Area**

Describe Business Requiredment for Master Access

**Duration**

## Key Warden Request Detail

**Request Type:**
- [ ] New
- [ ] Addition
- [ ] Change
- [ ] Cancel
- [ ] Other

**Building**

**Area**

## Key Warden Access Set Up

**Verified by:**

**Date:**

**Configured by:**

## Key Warden Access Cancellation

**Access Removed by:**

**Date:**

## Key Warden Request Approval

All parties acknowledge that they have reviewed OP 61.24, and are familiar with the usage and issuance of master keys.

- **Requestor Name**
- **Requestor Signature**
- **Date**

- **Department Head Name**
- **Department Head Signature**
- **Date**

- **Key Warden Approver Name**
- **Key Warden Approval Signature**
- **Date**

## Key Warden Access Set Up

**Verified by:**

**Date:**

**Configured by:**

**Reason**

**Date:**

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**ATTACHMENT B**

**HSCEP OP 61.24**

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**December 5, 2018**

**Rev. May 2, 2019**