SCIENCE CENTER BUILDING OPERATIONS
Key and Card Access Request Form

For key requests: bring completed form to room B11 (across from elevators on basement level).
For card access only: email completed form to sc_sched@fas.harvard.edu.

Department: ____________________________ Date: __________________
HUID#: __________________________________________
Office #: __________ Email Address: ________________________________
Authorized by: ____________________________ Telephone: __________________

KEY REQUEST

Room # or Key # (please list): __________________________________________________________
Department master keys (please list): __________________________________________________
Note/Special Instructions: ____________________________________________________________
Authorized Signature: ____________________________ ____________________________
              sign name                                         print name

HUID CARD ACCESS REQUEST

Room numbers; corridors and stairwells; Department access (Please list):
________________________________________________________________________________

Duration of access:
Start Date: __________  End Date: __________
Note/Special Instructions: ____________________________________________________________
________________________________________________________________________________

Authorized Signature: ____________________________ ____________________________
              sign name                                         print name

Science Center Building Operations Use Only
Key Database Transaction #: __________  Date key distributed: _____________
C* Cure: ____________________________  Date card access given: _____________