



## Key/Salto Request Form

Please allow up to two weeks for processing.

Faculty      Adjunct Faculty      Full-Time Staff      Part Time Staff      Student      Off Campus/Volunteer

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

LCSC ID# \_\_\_\_\_ Email Address: \_\_\_\_\_

Access needed for following reason: \_\_\_\_\_

\_\_\_\_\_

Replacing Whom: \_\_\_\_\_

Standard Key – Building/Room Numbers: \_\_\_\_\_

\_\_\_\_\_

Salto: \_\_\_\_ Fob \_\_\_\_ Building/Room Numbers: \_\_\_\_\_

\_\_\_\_\_

Exterior Entrance: \_\_\_\_ Yes \_\_\_\_ No

Expiration Date if applicable: \_\_\_\_\_

Note: Student Salto access will expire at the end of the school year.  
Submit a new access request to continue access.

## Authorization

The supervisor of the above-named person is responsible to see that this person returns any key/Salto issued to them directly to the **Department of Public Safety** before they leave **LC State**.

\_\_\_\_\_

Signatory/Approver                      Email                      Digital ID Signature

Supervisor                      \_\_\_\_\_                      \_\_\_\_\_

Dean/VP/Pres.                      \_\_\_\_\_                      \_\_\_\_\_

Public Safety                      \_\_\_\_\_                      \_\_\_\_\_

