

Office Use
Fob #: _____

Vendor/Contractor Electronic Door Access Authorization Form
 Administrative Services Technology
 University of North Dakota

DEPARTMENT – PLEASE PRINT

Business Name:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Name(s) of individual(s) authorized to pick up key(s):		
Last Name:	First:	
Last Name:	First:	
Reasons keys are needed:		

*Vendors and Contractors will be required to check out a fob from the Operations Center (Facilities Management Room 110) for any work that requires access to any building with an electronic door access system. A picture ID will be required when picking up fobs. Vendor/Contractor will also be required to return the fob to the Operations Center each day prior to leaving Campus. **Failure to return a fob will result in a \$50 fee.** All lost fobs shall be reported to Administrative Services Technology by emailing und.eda@und.edu.*

Business Signature Authorization: _____

UND Coordinator: (print name) _____		
Building	Room	Quantity
Please indicate the last day the fob(s) are authorized to be needed: _____		
Facilities Administrator authorizing fob issuance:		
Signature: _____		Date: _____