

LAFAYETTE COLLEGE

Facilities Operations
Access Control Office
610.330.5382

Key Extension Request Form

. You must submit a separate extension form for each Department you have keys from and are requesting an extension for. When completed please send to Access Control at Facilities Operations.

Name: _____ **Student ID #** _____

Key Number(s) _____

. Please grant an extension for the above listed key(s) for this student as he/she will need them until: **Date:** _____

I understand that by my signing this request, I am taking responsibility for the actions of the student specified above concerning the use of above listed key(s).

ADVISORS NAME (please print) _____

ADVISORS SIGNATURE _____ **DATE** _____