BATES COLLEGE SECURITY
KEY PERMISSION AND AFTER HOURS PERMISSION

Department: ________________________________ Date: _______________________

Permission requested by: __________________ Departmental Approval: __________________
(signature of faculty member requesting permission) (signature of Department Chair)

ROOM KEY PERMISSION

It is requested that _______________________________________________________________________ be issued key(s) to room(s)
(Student Name)
______________________________________________________________________________________, following normal
(room) (building)
procedures with the Access Control Office for the purposes of access to this building after hours. This
permission will expire on _______________. Keys will be returned to the Access Control Office upon
(expiration date)
expiration.

AFTER HOURS PERMISSION

It is requested that _______________________________________________________________________ be allowed access to and
(Student Name)
work in room __________ in building __________ after closing hours. Permission for this after hours
(Room #) (Building)
work is for the specific hours of __________ to __________ and will remain in effect from __________ to
(start time) (end time) (start date)
(ending date)

I, the undersigned agree to the following conditions:

1. I will not duplicate these keys or give them to anyone else.
2. I will never prop open the entrance to the building.
3. I will not admit other people into the building.
4. I am responsible for the condition of the rooms that I unlock. I will leave the rooms in the same condition I found
   them.
5. I will return the keys on the expiration date. (Failure to return keys will result in a charge to my student account).

__________________________________________
(Student Signature)