

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)

\_\_\_\_\_ in building \_\_\_\_\_, 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)

\_\_\_\_\_  
(end 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)