

BETHEL COLLEGE

Student Key & Access Request Form

Name _____ Student ID # _____
Department _____
Campus E-mail Address _____@bethelcollege.edu
Campus Phone # _____
_____ Check is access needed. Access level determined by each Department according to position within the department.
Beginning date _____ End date (1 school year unless specified) _____

_____ Check if key(s) needed (indicate below building and door numbers) – the department access controller has necessary information.
Building _____ Room Number(s) _____

Authorization signature by Department _____
Signature of Vice President _____ Date _____
Notes:

Please allow 24 hours for key request to be processed.