USSS ACCESS CODE AND KEY REQUEST FORM

SUBMIT FORM TO THE EOP SECURITY OFFICE, ROOM 4026 NEOB (X56206)

FORM MUST BE TYPED

NEW CODE ☐ **NEW KEY** ☐ **ADDITIONAL ACCESS*** ☐ **DELETE CODE*** ☐

DATE OF REQUEST:_____

REQUEST SUBMITTED BY:_____ PHONE #:_____

RECIPIENT OF KEY/CODE:_____ PHONE #:_____

ROOMS AUTHORIZED TO ACCESS:_____ *CARD #:_____
(IF APPLICABLE)

SIGNATURE OF PERSON SUBMITTING THIS FORM:_____

COMMENTS:_____

SECURITY OFFICE USE

PASS TYPE:_____ PERMANENT ☐ TEMPORARY ☐ DATE:_____

APPROVING OFFICIAL:_____ SIGNATURE:_____

MANAGEMENT AND ADMINISTRATION USE ONLY

APPROVING OFFICIAL:_____ SIGNATURE:_____ DATE:_____

USSS/WHD USE ONLY

APPROVING OFFICIAL:_____ SIGNATURE:_____ DATE:_____

DATE SUBMITTED/FAXED TO TSD & JOC:_____

SIGNATURE OF PERSON RECEIVING KEY/CODE:_____ DATE:_____

TSD USE ONLY

PIN/KEY ASSIGNED BY:_____ DATE ASSIGNED:_____

CARD #:_____ PIN #:_____ W.O. #_____ KEY #:_____

DATE DELIVERED TO WHD/ROOM 23:_____ INITIALS:_____

WHEN WORK HAS BEEN COMPLETED, RETURN FORM TO MANAGEMENT AND ADMINISTRATION, 145 OEOB