KEY REQUEST

Last Name _______________________ First Name _________________________ Dept._____________

Description of what lock secures (office, classroom, etc.) ____________________________________________

Building  □ Edwards  □ Building Master Key  
 □ Godbey  □ Building Entrance Key  
 □ Martin  □ Room Key (Room No. _______ )  
 □ Rooker  □ Other ______________________  
 □ Mall Site

Replacement for lost or stolen key? If so, please explain.

______________________________________________________________________________________________  

Departmental authorization (signature) _________________________________  Date ______________

President’s Staff authorization (master keys only) ________________________________

President’s approval (master keys only) ____________________

(Initials)

I understand that:
Key(s) may not be loaned or transferred to another employee or individual.
Key(s) must be returned to the supervisor upon end of employment or if no longer needed.

Key user (sign when key(s) received) _________________________________  Date ______________

Facilities Services Use Only

<table>
<thead>
<tr>
<th>Code</th>
<th>File Number</th>
<th>LID</th>
<th>Lock type (I/S)</th>
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Facilities Services authorization ________________________________________________

Number of keys issued ____________  Date _________________________

Comments _________________________________________________________________________________

Revised 2/18