

## KEY REQUEST

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Dept. \_\_\_\_\_

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

- |          |                                    |  |
|----------|------------------------------------|--|
| Building | <input type="checkbox"/> Edwards   | <input type="checkbox"/> Building Master Key       |
|          | <input type="checkbox"/> Godbey    | <input type="checkbox"/> Building Entrance Key     |
|          | <input type="checkbox"/> Martin    | <input type="checkbox"/> Room Key (Room No. _____) |
|          | <input type="checkbox"/> Rooker    | <input type="checkbox"/> Other _____               |
|          | <input type="checkbox"/> 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***

Code _____	File Number _____	LID _____	Lock type (I/S) _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facilities Services authorization \_\_\_\_\_

Number of keys issued \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_