Key Request Form

Individuals who fail to return keys will be charged for any necessary rekeying or lock work needed to ensure the security of the area(s) to which they had access.

Date_____________________ Department Requesting Key_____________

Key/Combination Requested for Room#_____________ Building______________

Person responsible for key or combination:
Last ____________________ First___________________ Initial__________

Street or PO Box______________ City______________ Zip Code________

Telephone/Extension______________________

Required Signatures:
Faculty Coordinator/Supervisor______________________________________
Vice Chancellor/Assoc. Vice Chancellor________________________________
Facilities Manager_________________________________________________

Return this completed form to Facilities Manager (Larry Lee).
Pick up keys in person.

Key Number______________________________
Signature________________________________ Date_____________________

_________________________________________________________________