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

Code ________________ File Number _____ LID _____ Lock type (I/S) _______
_______________ _______ ___________
_______________ _______ ___________
_______________ _______ ___________

Facilities Services authorization _________________________________

Number of keys issued ____________ Date _________________________

Comments _________________________________________________________________________________

Revised 2/18