KEY REQUEST

Last Name ___________________ First Name ___________________ Dept. _____________

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

Building _________ Room Number ________ Replacement for lost or stolen key? ________
          _________          _________          _________          _________          _________
          _________          _________          _________          _________          _________

Departmental authorization (signature) ________________________________ Date _____________

President’s Cabinet authorization (master keys only) ________________________________

I understand that:
Key(s) may not be loaned or transferred to another employee or individual.
Key(s) must be returned to the Key Office upon end of need or employment.

Key user (sign when key(s) received) ________________________________ Date _____________

_____________________________________________________________________________________

Key Office use only

Code _____________ File number ________ LID ________ Lock type (I/S) ______
            _____________          _________          _________          _________          _________
            _____________          _________          _________          _________          _________
            _____________          _________          _________          _________          _________

Key Office authorization ________________________________

Number of keys issued ________ Date _____________

Comments __________________________________________________________________________________