



Key Request Form

Please issue the following codes to:

Employee: _____

Employee ID #: _____

Employee Title: _____

Building:	Room Number	Number of Keys
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by:

 Department Head

 Date

 Dean

 Date

Authorized by:

 Vice President or President Direct Report

 Date

My signature below indicates that I am totally responsible for the key(s) I am receiving. I agree that no copies will be made and that I will not allow unauthorized persons to have access to them. Should the key(s) be lost, I agree to immediately contact either my supervisor, the Physical Plant at 343-7818, or Campus Police at 343-7624.

I understand that I will be required to pay \$25.00 for each lost or missing key.

 Received by (Employee):

 Date