



## Key Request Form

Please Issue to: \_\_\_\_\_  
Last First

Department: \_\_\_\_\_ Ext: \_\_\_\_\_

Employee ID# \_\_\_\_\_

Check One: Faculty Staff

**Keys to the following:** (enter building name or location as applicable)

Building Master: \_\_\_\_\_ Key # (FS use only): \_\_\_\_\_

Department Sub-master: \_\_\_\_\_ Key # (FS use only): \_\_\_\_\_

Building Entrance Key: \_\_\_\_\_ Key # (FS use only): \_\_\_\_\_

Room Entrance Key: \_\_\_\_\_ Key # (FS use only): \_\_\_\_\_

Padlock/Gate Area: \_\_\_\_\_ Key # (FS use only): \_\_\_\_\_

Other: \_\_\_\_\_ Key # (FS use only): \_\_\_\_\_

Requested By: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature, Department Head)

Authorized By: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature, Director, AVP Facilities Services)

**I hereby acknowledge receipt of the key(s) listed on this this form. I agree to comply with the following stipulations.**

1. I will be fully responsible for the use and return of the key(s)
2. The key(s) will not be loaned, given, or traded with anyone under any circumstances.
3. I must **immediately** report the lost/stolen key(s) to Facilities Services.
4. All keys are university property and must be returned to Facilities Services when need for access has ceased, or upon separation from the university. Failure to return key(s) may result in sanctions such as withholding records, grade reports, degrees, civil litigation, verification and registration privileges.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_