

# KEY REQUEST FORM

Please initial each of the following to indicate your understanding:

\_\_\_\_\_ I am solely responsible for each key

\_\_\_\_\_ I am not to pass any key to another person without approval from the Director of Operations

\_\_\_\_\_ I am not to have a duplicate made of any key

\_\_\_\_\_ I am to return every key at the termination of my University responsibilities or obligations

***\*Renters return keys to Operations Office, all other keys should be returned to Plant Services***

## SELECT A CATEGORY

\_\_\_\_\_ Faculty      \_\_\_\_\_ Vendor  
\_\_\_\_\_ Staff      \_\_\_\_\_ Contractor  
\_\_\_\_\_ Student      \_\_\_\_\_ Guest  
\_\_\_\_\_ Renter      \_\_\_\_\_ Other: \_\_\_\_\_

## KEYS REQUESTED

Building Name(s): \_\_\_\_\_

\_\_\_\_\_

Room Number(s): \_\_\_\_\_

Key Code: \_\_\_\_\_

\_\_\_\_\_  
KEY RECIPIENT-SIGNATURE

\_\_\_\_\_  
KEY RECIPIENT-PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
DEPARTMENT HEAD-SIGNATURE

\_\_\_\_\_  
DEPARTMENT HEAD-PRINT NAME

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## **\*\*DEPARTMENTAL USE ONLY**

\_\_\_\_\_  
DATE ISSUED

\_\_\_\_\_  
KEYS ISSUED BY

\_\_\_\_\_  
KEY(S) ISSUED

\_\_\_\_\_  
DEPARTMENT DIRECTOR OR VICE PRESIDENT-SIGNATURE

\_\_\_\_\_  
DEPARTMENT DIRECTOR OR VICE PRESIDENT-PRINT NAME

\_\_\_\_\_  
DIRECTOR OF OPERATIONS