

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 _____