

# Key Request Form

Fax this form to 8952 by printing form and having the department head sign

Request Date: \_\_\_\_\_

Person to whom key/card access privilege is to be issued: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_

Justify in detail need for key and/or lock change:

Number of Keys	Building & Room Number

1. Maintain security of any keys issued.
2. Report the loss/theft of a key(s) immediately to Security, submit a new key request form for replacement and pay for lost key.
3. Return all University keys, upon transfer/termination, to the locksmith shop at physical plant.

Department Head Signature: \_\_\_\_\_