

**Key Request Form**  
Washington and Lee University

FAX completed form including the Department Head signature to x8217. Please call 540-458-8490 with any questions.

Request Date:

Name of person to whom key/card access privilege is to be issued:

Name of person making request:

Department:

E-mail address:

Phone #:

Account #:

Provide complete details to justify need for key and/or lock change:

Number of Keys            Building & Room Number

Your signature on this form indicates that you agree to:

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 the physical plant.

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