



**1. Requester Information**

Last Name	First Name	M.I.
Employee ID # or Student ID #	Department	<input type="checkbox"/> Faculty <input type="checkbox"/> Contractor <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (please specify): _____
Date of Request	E-mail	
Campus Address	Campus Phone	

**Please issue the following key(s) to the above-named person:**

Key name and/or Number	Building	Room Number	Date To Be Returned

Please state reason for this key request \_\_\_\_\_  
\_\_\_\_\_

**2. Department Chairperson or Director Approval**

Signature of chairperson or director	Department	Date
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If this is a key for student use, I realize that by requesting the issue of this key to a student that I am accepting responsibility for its use. Should any misuse or loss occur, I will cooperate with the Department of Public Safety to resolve the problem.

**IMPORTANT!** Keys are **NOT** transferable. All keys issued to students **MUST** be returned to the Public Safety Department at the end of each academic year, summer session, or return date established on issue. Failure to comply will result in withholding of grades and/or of the student's wages.

*Please forward this completed form to the Public Safety Department.*

**3. Public Safety Use Only:**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Date Sent to Maintenance \_\_\_\_\_

**4. Maintenance Use Only:**

Date Received \_\_\_\_\_ Foreman \_\_\_\_\_ Date \_\_\_\_\_

Locksmith \_\_\_\_\_ Date \_\_\_\_\_

Date Keys Sent to Public Safety \_\_\_\_\_ Sender \_\_\_\_\_

**5. Locksmith Use Only:**

Key name	Key code
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____