



**Key Request Form**

Public Safety Department  
Thorn I  
Clarion, PA 16214-1232  
Phone 814-393-2111 FAX 393-2038

**1. Requester Information**

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

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, Thorn I.*

**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. _____	_____