



KEY REQUEST FORM

*USE THIS FORM TO REQUEST KEYS TO YOUR OFFICE OR WORK STATION REQUIRING KEY ACCESS.
THIS FORM MUST BE SIGNED BY YOUR IMMEDIATE SUPERVISOR OR DEAN PRIOR TO APPROVAL.*

DATE OF REQUEST _____

NAME _____
Last First

COLLEGE PHONE # _____

ROOM NUMBER REQUESTED _____

REASON FOR REQUEST _____

DEAN/IMMEDIATE SUPERVISOR _____

DIRECTOR OF PUBLIC SAFETY _____

RECEIVED BY/DATE _____

Keys/Key Cards shall be returned to the Public Safety office upon separation of employment. If assigned work station/office is moved—keys must be returned to the Public Safety office for re-issue. For security reasons keys may not be “handed off” to the next occupant.