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 reissue. For security reasons keys may not be “handed off” to the next occupant.

JTG/2019