



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 _____

EMPLOYEE NAME & DEPARTMENT _____
Last First Department (i.e. Nursing, Math)

COLLEGE PHONE # _____

ROOM NUMBER REQUESTED _____	KEY # _____
ROOM NUMBER REQUESTED _____	KEY # _____
ROOM NUMBER REQUESTED _____	KEY # _____
ROOM NUMBER REQUESTED _____	KEY # _____

REASON FOR REQUEST _____

APPROVAL - DEAN or IMMEDIATE SUPERVISOR _____

APPROVAL - DIRECTOR OF PUBLIC SAFETY _____

KEY(S) RECEIVED BY (Signature & Date) _____

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