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 # _________________________
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.

JBW 01/2022