

Key Request Form

Please issue to: _____
Last First

Department: _____ Ext: _____

Employee ID# _____

CZ I K v Faculty Staff

Keys to the following: (enter building name and relocation as applicable)

Building Master: _____ Key # (FS use only): _____

Department Submaster: _____ Key # (FS use only): _____

Building Entrance Key: _____ Key # (FS use only): _____

Room Entrance Key: _____ use Key # (FS use only): _____

Padlock/Gate Area: _____ Key # (FS use only): _____

Other: _____ Key # (FS use only): _____

Requested By: _____ Ext: _____ Date: _____
(Signature Department Head)

Authorized By: _____ Ext: _____ Date: _____
(Signature Director, AVP Facilities Services)

I hereby acknowledge receipt of the key(s) listed on this form. I agree to comply with the following stipulations.

1. I will be fully responsible for the use and return of the key(s)
2. The key(s) will not be loaned, given, or traded with anyone under any circumstances.
3. I must immediately report the lost/stolen key(s) to Facilities Services.
4. All keys are university property and must be returned to Facilities Services when need for access has ceased or upon separation from the university. Failure to return key(s) may result in sanctions such as withholding records, grade reports, degrees, civil litigation, verification and registration privileges.

Employee Signature: _____ Date: _____