**KEY REQUEST FORM**

**NOTE:** Please use a separate Key Request Form for each employee for whom you are ordering keys.

1. Fill out Requestor and Employee Receiving Keys sections of this form.
2. Capture the department approval signature from respective Dean, Director, Executive Director, Vice President, or President.
3. Email completed form to **Safety & Security** in **Room 5102.**
4. When the key request has been processed, Safety & Security will notify the requestor and/or the recipient the key(s) are ready for pick up.
5. Safety & Security counter is open Monday – Thursday, 9:00AM – 4:00 PM and Friday, 9:00AM – 3:00 PM. **Please bring photo ID when picking up and signing for issued keys.**

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUESTOR INFORMATION** | | | |
|  | |  | |
| **Requestor Name** | | **Dean, Director, Vice President, or President Signature** | |
|  |  | |  |
| **Date of Request** | **Program/Department** | | **Phone/Extension** |

|  |  |  |  |
| --- | --- | --- | --- |
| **RECIPIENT/EMPLOYEE INFORMATION** | | | |
|  |  |  | |
| **Last Name** | **First Name** | **Phone/Extension** | |
| **Employee Classification** | | **Building #** | **Room #** |
| FT Administration | PT Staff |  |  |
| PT Faculty | FT Staff |  |  |
| FT Faculty | Other (please explain) |  |  |
| **Comments:** | | | |

|  |  |  |
| --- | --- | --- |
| **SAFETY & SECURITY USE ONLY** | | |
| **Room #** | **Key #** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **FACILITIES USE ONLY** | | |
|  |  |  |
| **Date Received** | **Date Completed** | **Completed by Signature** |
|  |  |  |
| **Date Notified** | **Time Notified** | **Comments** |



Revised: 06/26/2023