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KEY REQUEST

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: \_\_Facilities Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name

 Faculty  Staff Student  Other

**Reason for request:**

|  |  |  |
| --- | --- | --- |
| **Building** | **Room No.** | **Key No.** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

All key requests **MUST** be signed by

**Vice President** for respective **administrative area** or **Provost** for **academic area**.

Provost/Vice President’s Signature Date:

The undersigned agrees to OIT’s Key Policy, to report lost or stolen keys to Campus Safety, and upon termination of employment agrees to return keys to the Office of Human Resources. The undersigned accepts the Schedule of Charges for lost or unreturned keys as stated in policy, OIT 50-001.

Key Holder’s Signature Date