

# DEPARTMENTAL FACULTY/STAFF KEY REQUEST

Please submit this form  
**COMPLETED AND SIGNED** to:

**Office of Access Control Services**  
 Department of Facilities & Administrative Services  
 Facilities Maintenance Building

By signing this document, recipient acknowledges and assumes all responsibility for said key(s). Keys are inventoried by Name and Employee Identification Number and are not to be transferred or issued to another individual. Recipient will be charged for lost or stolen key replacements and lock changes, if necessary. In the event of on-campus transfer or employment termination, keys are to be returned to the Department of Facilities & Administrative Services by the recipient so that the key assignment records may be updated and a receipt issued. **KEYS ARE TO BE PICKED UP BY THE USER ONLY!**

**Please complete the following information:**

Responsible Person's Name (Type or print CLEARLY) \_\_\_\_\_

\_\_\_\_\_ Date

*Please check all that apply:*

Current Employee     New Employee     On-Campus Transfer

\_\_\_\_\_ E-mail Address

Lost key(s) replacement (MUST attach Campus Police report)

\_\_\_\_\_ Employee /Student ID Number

Responsible Person's Title \_\_\_\_\_

**DAES Office Use Only**

|                            |            |
|----------------------------|------------|
| _____ Name                 | _____ Date |
| Photo ID Checked By: _____ |            |

Department \_\_\_\_\_

Campus Extension \_\_\_\_\_

**Locations of requested keys:**

|          |        |          |  |
|----------|--------|----------|--|
| Building | Room # | Key ID # | Description of Room/Area (Office, Lab, Closet, etc.) |
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If unknown, do not mark.

**Justification for requests for Master Keys or Multiple Keys ( MUST be approved by Dean or President's Advisory Council member.)**

\_\_\_\_\_  
 \_\_\_\_\_

**Obtain approval signatures: (Requests that do not include all of the required information or signatures WILL BE RETURNED!)**

Chairperson/Director: \_\_\_\_\_  
 Printed Name

**X** \_\_\_\_\_  
 Signature

Dean/PAC Staff Member:  
 (Required For Master Keys) Printed Name

**X** \_\_\_\_\_  
 Signature



Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
**Vernon Kelley**  
 Access Control Supervisor

\_\_\_\_\_ Date: \_\_\_\_\_  
**Kathryn E. Leverton**  
 Associate Vice President for Facilities & Administrative Services  
 (Required for Grand Master Keys)