



DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: Director, Facilities Management Department  
SUBJECT: Request for Issue of Key(s)

**REQUESTOR PROVIDED INFORMATION:**

Name: \_\_\_\_\_

Please Print Clearly and Legibly

Position: \_\_\_\_\_

Department: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Key Identification (Building, Room #, etc.)	Number of Keys	Reasons for Issuing new/additional key(s)

Approval: \_\_\_\_\_  
Chair/Staff Supervisor Dean/Dept                      Print Name                      Phone #

Budget Code: \_\_\_\_\_                      Date: \_\_\_\_\_

**(To Be Completed by Facilities Management Department)**

Master Key Request:                      APPROVED \_\_\_\_\_                      DISAPPROVED \_\_\_\_\_

Superintendent: \_\_\_\_\_                      Director: \_\_\_\_\_

Vice President for Administration & Finance: \_\_\_\_\_  
(If Master Key is requested)

Reason for Disapproval: \_\_\_\_\_  
\_\_\_\_\_

**KEY CERTIFICATE**

I understand that I have been issued the above listed key(s) on a temporary basis for use in the performance of my duties, job, or position and that I am personally responsible and accountable for the security and safekeeping of such key(s). I further understand that key(s) issued to me will not be loaned to others and will not be duplicated under any circumstances. I will return all keys to the Facilities Management Department upon my transfer or termination. I understand there will be a charge for each lost key. (Please refer to the University's Schedule of Tuition, Fees and Service Charges for the current rate.)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ University ID Number or UIN Number