

**KEY REQUEST FORM**

***\*This request must be approved by the department director or section chair\****

***\*Please allow adequate key preparation time prior to pick up.\****

Employee Name: (Please Print) \_\_\_\_\_

Department Director or Section Chair: (Please Print) \_\_\_\_\_

Key Location: Building \_\_\_\_\_ Room Number \_\_\_\_\_

*Please place check mark in appropriate box(s):*

Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

If requesting a master, sub-master or exterior door key, please list reason(s) below:

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

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Department Director  
or Section Chair: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Please return the completed form to the service desk located in the Physical Facilities/Campus Police (PFCP) building. The requesting employee must sign-out/pick-up key at the PFCP building.***

***\*Above signature(s) acknowledges agreement to return key(s) upon department change/departure.***