(Print) Last name _____ First name _____

Department/Account to charge (require for lock changes) _____ Phone Ext. _____

KEY REQUEST

_____ Permanent _____Temporary - From:_____ to _____
Date Date

Number Requested	Room No.	Complete Area Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Example 1	Room 114	Director of Business Services's office door

Reason: _____
_____
_____

I understand that all keys remain the property of the University and must be returned upon transfer or termination of employment. I also understand that I have a fiduciary responsibility to the University to safeguard keys issued and that lost or stolen keys should immediately be reported to my departmental supervisor and the Director of Facilities.

_____ Signature - Individual Requesting	_____ Date	_____ Director of Facilities	_____ Date
_____ Approved - Department Supervisor	_____ Date	_____ Vice President for Administration & Finance (approval required for restricted or master level access of Administration and Finance areas)	_____ Date
_____ Provost (approval required for restricted or master level access for employees who report to the President)	_____ Date	_____ Provost (approval required for restricted or master level access to academic areas)	_____ Date

LOCK CHANGE REQUEST

Draw sketch on reverse if there are multiple doors to the area or more room is required.

Area: _____
Reason: _____
_____
_____

☐ Department will be billed for actual charges
☐ Department will not be billed

_____ President _____ Date

_____ Signature - Departmental Supervisor	_____ Date	_____ Vice President for Administration & Finance	_____ Date
_____ Director of Facilities	_____ Date	_____ Provost (required for academic areas)	_____ Date