



WESTERN

COLORADO UNIVERSITY

KEY REQUEST

****Present this document & ID to the Custodian of Keys**

Key Holder Name:

Key Holder ID #:

Key Holder Email:

Department:

Phone Number:

Issue Keys as follows:

Building	Room	Key No.

Requested By:

Issuing Authority Signature:

(Vice President's signature required for Grand Master Key)

*Building Master and Grand Master keys require HR or Security to perform a background check.

Background check approved by: _____ **Date:** _____

Reason for Key Request: _____
