

KEY REQUEST

\*\*Present this document & ID to the custodian of keys

First key with us? YES NO

Key Holder Name: Key Holder ID #: Key Holder Email:

Department: Work Phone #: Cell Phone #:

Issue keys as follows:

|  |  |  |
| --- | --- | --- |
| Building | We use the room # to determine key(s) needed  Room # | For use by Facilities Key Shop  Key # |
|  |  |  |
|  |  |  |
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|  |  |  |

Requested by:

Issuing Authority Signature (Cabinet Level Approver):

Print Signature Date

(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:**

**Purpose for Key Request:**