

KEY REQUEST FORM

Note: A FEE OF \$25.00 WILL BE CHARGED FOR EACH LOST KEY. PLEASE READ KEYHOLDER AGREEMENT.

Employee: \_\_\_\_\_  
Last Name First Name MI

SSN (Last 4 digits only): XXX-XX- \_\_\_\_\_ ; Alva \_\_\_\_\_ Enid \_\_\_\_\_ Woodward \_\_\_\_\_

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

Classification: Faculty \_\_\_\_\_ Adjunct \_\_\_\_\_ Staff \_\_\_\_\_ ; Part-time\* \_\_\_\_\_ Student\* \_\_\_\_\_

**\*IF KEY IS FOR A STUDENT, TEMPORARY EMPLOYEE, OR ADJUNCT, PLEASE INDICATE THE DUE DATE OF KEY(S) RETURN:** \_\_\_\_\_

KEYS REQUESTED

Building	Room Number	Core Mark
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPLANATION OF REQUESTED KEYS:

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

APPROVED BY:

**SUPERVISOR/ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature

**DEAN OR APPROPRIATE VICE PRESIDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature