

REQUEST FOR KEY(S)

STAFF/STUDENT ID NO: _____ STAFF/STUDENT PHONE: _____

NAME: _____ / _____
(last) (first)

DEPARTMENT: _____

ORG. NO: _____ DEPT. PHONE: _____

CHECK ONE	
<input type="checkbox"/>	FACULTY
<input type="checkbox"/>	STAFF/ACAD STAFF
<input type="checkbox"/>	STUDENT

KEYS REQUESTED

BLDG. #	ROOM #	HOOK # if known	ISSUE#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

<p>CHECK HERE IF</p> <p><input type="checkbox"/></p> <p>REPLACING LOST KEYS</p>

*I WILL NOT LEND THIS KEY(S)

*I WILL RETURN THIS KEY(S) WHEN MY NEED OR EMPLOYMENT TERMINATES.

*I UNDERSTAND VIOLATIONS OF ANY OF THE ABOVE MAY LEAD TO MY SUSPENSION OR TERMINATION FROM THE UNIVERSITY AS PER POLICY AND PROCEDURES 5-3

P. I. SIGNATURE

APPLICANTS SIGNATURE

AUTHORIZED SIGNATURE

INSTRUCTIONS:

Fill out completely and sign.

Have the PI sign if applicable (Students and ACAD Staff).

Email or hand deliver to GG Departmental office in 383 FASB for processing.