

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