Campus Security Key Request

I, _____, do hereby request the following:

_____ keys(s) to Room(s) # _____ located in _____ building.

_____ keys(s) to the outside doors of _____ building.

_____ Permanent Basis

_____ Temporary Basis – Key must be returned to Campus Security by _____.
                                                                          Date

Received by _____ Date _____

Returned by _____ Date _____

If you are requesting keys to be used within your Department Chairman's or Supervising Administrator's area of domain (office or building of the department in which you work), the following authorizing signature is necessary.

Date _____

_____
Department Chairman or
Supervising Administrator

If you are requesting keys to be used in an area or building other than your Department Chairman's or Supervising Administrator's domain, the following additional signatures are required.

Date _____

_____
Department Chairman or Supervising
Administrator responsible for the area
which key is requested

Date _____

_____
Provost or Senior Staff Member
responsible for area which key is
requested

Date _____

_____
Approved / Disapproved
Director of Campus Security

Any questions – please call Gloria Burke at X1266