

## KEY REQUEST/RECORD

<b>FACILITIES OPERATIONS USE ONLY</b>
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1. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)			KEY NUMBER		DATE ISSUED		
2. BANNER I.D. NUMBER		3. STATUS OF APPLICANT <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT			KEYWAY	BLDG CODE	DEPT CODE
4. TYPE OF ISSUANCE PERM. <input type="checkbox"/> TEMP. <input type="checkbox"/>	5. DATE DUE	ROOM NO. ENTRANCE <input type="checkbox"/>		6. BUILDING		7. DEPARTMENT	
8. PICK UP KEY  WORK CONTROL CENTER <input type="checkbox"/>		9. APPROVED-TYPED OR PRINTED NAME & SIGNATURE OF DEPARTMENT HEAD					
		10. TYPED OR PRINTED NAME & SIGNATURE OF VICE CHANCELLOR (AS REQUIRED)					
11. SIGNATURE OF INDIVIDUAL RECEIVING KEY (IF NOT APPLICANT)					DATE		
12. SIGNATURE OF APPLICANT (I certify that I have received this key described hereon, and that I have read & agree to the conditions of issuance as stipulated by Univ. policy.)					DATE		
13. KEY RETURNED (SIGNATURE OF DEPT. HEAD & DATE)			14. KEY RETURNED, (SIGNATURE OF KEY CONTROL MANAGER & DATE)				

**INSTRUCTIONS**

Complete Items 1-9 for a Room or Office Key  
 Obtain authorized signature on Item 9 by Dept. Head.  
 Complete Items 1-10 for a Building Entrance Key.  
 Obtain authorized signature on Item 10 by Vice Chancellor.  
 Forward or present approved form to key Work Control Center,  
 Facilities Operations.  
 Sign form upon receipt of key, Item 12.

Hours: Work Control Center, 7:30-5:00 p.m. Daily

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Original: Facilities Operations      Copies: Employee & Department

Revised:      8/7/08  
                   WCC/CL/LDF

## UNCP Space Access & Key Acknowledgement Form

Company: \_\_\_\_\_

Responsible Recipient of Key (Print): \_\_\_\_\_

Description of Key(s): \_\_\_\_\_

\_\_\_\_\_

Facility Locations: \_\_\_\_\_

I, the undersigned, acknowledge receipt of the key(s) described above. I understand the key(s) is/are my responsibility and I will return the key(s) to the UNCP Project Manager per date below. In the event I lose or misplace the key(s), I will notify UNCP Project Manager immediately. Vendor will be responsible for expense associated with re-keying spaces within facility as well as any other spaces affected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Key Return

\_\_\_\_\_  
Project Manager (Print / Sign / Date)