KEY REQUEST/RECORD

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|  | **FACILITIES OPERATIONS USE ONLY** |
| 1. APPLICANT’S NAME (LAST, FIRST, MIDDLE INITIAL) | KEY NUMBER | DATE ISSUED |
| 2. BANNER I.D. NUMBER | 3. STATUS OF APPLICANT FACULTY  STAFF  STUDENT | KEYWAY | BLDG CODE | DEPT CODE |
| 4. TYPE OF ISSUANCE PERM.  TEMP.  | 5. DATE DUE | ROOM NO.ENTRANCE: Yes  No□  | 6. BUILDING | 7. DEPARTMENT |
| 8. PICK UP KEYWORK CONTROL CENTER  | 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**:

**Reason for Key Request:**

Original: Facilities Operations Copies: Employee & Department

Revised: 8/22/24 WCC