

# KEY REQUEST FORM

Carefully read over the agreement outlined in this form.

Please complete **one form per person per key** and submit to the Division VP for signature before submitting to Facilities

Name of person key(s) is being issued to: \_\_\_\_\_ Date: \_\_\_\_\_

Key recipient's work phone: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Key recipient's department: \_\_\_\_\_ Key recipient's job title: \_\_\_\_\_

Key recipient's e-mail address: \_\_\_\_\_

Recipient is (check one): \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student

Building key is issued for: \_\_\_\_\_ Date key(s) needed: \_\_\_\_\_

Room name and number key is to be issued for: \_\_\_\_\_ Number of keys requested: \_\_\_\_\_ 1

This requisition is being filed to obtain:

\_\_\_\_\_ New Key

\_\_\_\_\_ Replacement for (check one of the following):

\_\_\_\_\_ \*Lost key(s) \_\_\_\_\_ \*Stolen key \_\_\_\_\_ Broken key

*(Old key must be attached to obtain new key.)*

**\*Lost or stolen keys are subject to a charge for the replacement of those items and possible recording costs.**

\*\*With my signature below, I request the described key to be issued to me. I understand this key is the property of Lincoln Memorial University and its loss will be reported immediately to campus security. By accepting this key I acknowledge my responsibility for all property and/or records secured by the lock operated by this key. I agree to accept all financial responsibilities associated with replacing coinciding keys and locks should this key be lost. I will not duplicate or transfer this key to any other person and will surrender it to the Office of Human Resource when I no longer have a need for the key or end my employment at the university. I agree to abide by the university's policy and procedures.

\*\*Dean Name (printed): \_\_\_\_\_ \*\*\*Dean Signature: \_\_\_\_\_

Div. VP Name (printed): \_\_\_\_\_ Division VP Signature: \_\_\_\_\_

\*\*Recipient's Signature: \_\_\_\_\_

Is this a master key? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes President's Signature: \_\_\_\_\_

*Failure to complete any of the above information may result in a delay.  
Please fax or mail completed form to Facilities (fax # 869-6276).*

## FOR OFFICE USE ONLY

Key Code: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Work Order # \_\_\_\_\_

Date sent to Human Resources: \_\_\_\_\_