

## KEY REQUEST FORM

Use One Form for Each Key Requested - Email Completed Form to [accesscontrol@rwu.edu](mailto:accesscontrol@rwu.edu)

Employee Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### KEY/LOCATION INFORMATION

Building: \_\_\_\_\_ Key #: \_\_\_\_\_

Floor: \_\_\_\_\_ Door: \_\_\_\_\_ Room: \_\_\_\_\_ Other: \_\_\_\_\_

Description: \_\_\_\_\_

ISSUE TYPE:  STANDARD  TEMPORARY  CONTRACTOR/VENDOR REASON: \_\_\_\_\_  
DATE ACCESS NEEDED: \_\_\_\_\_  
 LOST DATE ACCESS ENDS: \_\_\_\_\_

DEAN/DEPARTMENT HEAD PRINTED NAME: \_\_\_\_\_

DEAN/DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

DIVISION HEAD SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**KEYS NOT PICKED UP WITHIN 10 DAYS OF RECEIPT WILL BE RETURNED TO THE UNIVERSITY LOCKSHOP**

#### DEPARTMENT OF PUBLIC SAFETY

DATE APPROVED: \_\_\_\_\_

PUBLIC SAFETY APPROVAL: \_\_\_\_\_

#### LOCKSHOP

KEY #: \_\_\_\_\_ DATE: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

#### RETURN KEY - LOCKSHOP

RETURN DATE: \_\_\_\_\_

BY: \_\_\_\_\_

#### KEY NOT RETURNED

LOST  STOLEN  BROKEN  OTHER

CIRCUMSTANCES: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

#### KEY ISSUE AGREEMENT - SIGNED BY KEYHOLDER UPON RECEIPT OF KEY

In return for the use of this key I agree 1) not to give or loan the key to others 2) not to make any attempts to copy, alter, duplicate or reproduce the key 3) to use the key for authorized persons only 4) to safeguard the key securely 5) immediately report any lost or stolen keys 6) to produce or surrender the key upon official request. I also agree that if the key is lost, stolen or not surrendered when requested, a charge that reflects the cost of changing any and all locks affected may be assessed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_