## Roger Williams University

KEY REQUEST FORM

Use One Form for Each Key Requested - Email Completed Form to accesscontrol@rwu.edu

Description:	Employee Name:					_ ID #:		Date:	-
Building:Key #: Floor:DoorRoom:Other: Description: ISSUE TYPE:STANDARD REASON:DATE ACCESS NEEDED: DCONTRACTOR/VENDORLOSTDATE ACCESS ENDS: DEAN/DEPARTMENT HEAD PRINTED NAME: DEAN/DEPARTMENT HEAD PRINTED NAME:Date: DEAN/DEPARTMENT HEAD SIGNATURE:Date:Date: DEAN/DEPARTMENT HEAD SIGNATURE:Date:Date: DIVISION HEAD SIGNATURE:Date:	Department: Email:						Ph	one Number:	
Floor:       Door       Room:       Other:         Description:	KEY/LOCATION INFORMATION								
Description:	Building:				Key #:				
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DATE ACCESS NEEDED:	Descriptior	ו:							
DEAN/DEPARTMENT HEAD SIGNATURE: Date:   DIVISION HEAD SIGNATURE: Date:   Division HEAD SIGNATURE: Date:     TITLE: Date:     PHONE: RETURN KEY - LOCKSHOP   PHONE: RETURN DATE:   BY: RETURN DATE:   BY: KEY NOT RETURNED   DATE APPROVED: OTHER   PUBLIC SAFETY APPROVAL: CIRCUMSTANCES:			/ENDOR	LOST					
PHONE:   RETURN KEY - LOCKSHOP   RETURN DATE:   RETURN DATE:   RETURN DATE:   BY:   DEPARTMENT OF PUBLIC SAFETY   DATE APPROVED:   PUBLIC SAFETY APPROVAL:   LOCKSHOP		AN/DEPARTMENT HEAD S	BIGNATURE:						
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     RETURN KEY - LOCKSHOP   RETURN DATE:     BY:     CIRCUMSTANCES:     CIRCUMSTANCES:	TITI F'								
KEYS NOT PICKED UP WITHIN 10 DAYS OF RECEIPT WILL BE RETURNED TO THE UNIVERSITY LOCKSHOP BY:   DEPARTMENT OF PUBLIC SAFETY LOST   DATE APPROVED: ILOST   PUBLIC SAFETY APPROVAL: CIRCUMSTANCES:						RI	eturn ke`	Y - LOCKSHOP	
BY:     DEPARTMENT OF PUBLIC SAFETY     DATE APPROVED:     PUBLIC SAFETY APPROVAL:     LOCKSHOP     BY:     BY:     KEY NOT RETURNED     Image: Contract of the university lockshop     BY:     Image: Contract of the university lockshop     Image: Contract of the unit	PHONE:				RETURN DATE:				
DEPARTMENT OF PUBLIC SAFETY         DATE APPROVED:         PUBLIC SAFETY APPROVAL:         LOCKSHOP						BY:		_	
	DATE /	APPROVED: SAFETY APPROVAL:	P				STOLEN		
ENTERED BY: RECEIVED BY:	ENTER	RED BY:			RECE	EIVED 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 Ioan 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 charge that reflects the cost of changing any and all locks affected may be assessed.         Signature:       Date:	repro keys charg	urn for the use of this key la duce the key <b>3)</b> to use the k <b>6)</b> to produce or surrender t ge that reflects the cost of c	agree <b>1)</b> not to give ey for authorized p he key upon official	e or loan th ersons or I request.	ne key to other nly <b>4)</b> to safegu I also agree tha	s <b>2)</b> not to mak ard the key sea at if the key is lo	e any attemp curely <b>5)</b> imm st, stolen or n	ots to copy, alter, duplicate or nediately report any lost or stolen not surrendered when requested, a	