

## 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

REASON:

TEMPORARY

DATE ACCESS NEEDED:

CONTRACTOR/VENDOR

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: