



Key/Keyless Entry Request Form

Please review the [Employee Identification and Keys procedure](#) prior to submitting this form to the Director/Chief, Campus Police and Public Safety.

Date _____ From _____

Check here if this request is for a keyless entry location (current employee ID/access card required)

Employee Needing a Key or Keyless Entry Access

Name _____

Colleague Number _____ Extension _____

Administrative Area _____

Location of Key or Keyless Entry (Building/Room) _____

Budget Code (required for replacement keys, re-keying, etc.) _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Dean/Department Head Signature _____ Date _____

Campus Police and Public Safety/Facility Services Use Only

Authorized by _____

Date _____

Key/Key Card Prepared by _____

Date _____