



MAKE NO
LITTLE PLANS
HERE

KEY BOX REQUEST FORM

REQUIRED INFORMATION:

Employee (Student) Name: _____ Z#: _____ Extension: _____

Dept./Org. Number: _____ Title: _____

Additional Department Contact: _____ Extension: _____

Email: _____

Job Type: ☐ Staff ☐ Faculty ☐ Student ☐ Other _____

Reason for request: _____

Please check one: ☐ New Employee/Student

☐ Replacement Reason: _____

☐ Temporary Returned by: _____

Please complete information on areas needing to be accessed.

NOTE - Exact Key Box Location and Key Set Number must be listed to be processed.

	Key Box Location (i.e., LRC-3)	Key Set Number
1.		
2.		
3.		
4.		
5.		

APPROVAL:

Department Head/Dean: _____ Date: _____

Vice President/Provost: _____ Date: _____

Chief Operating Officer: _____ Date: _____

FOR OFFICE USE ONLY:	
Assigned to: _____	Date Completed: _____