



MAKE NO
LITTLE PLANS
HERE

KEY 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 complete information on areas needing to be accessed.

NOTE - Exact door number(s), core number(s) and key number(s) must be listed to be processed.

| Building | Door Number | Core Number | Key Number |
|----------|-------------|-------------|------------|
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Additional comments: _____

APPROVAL:

Department Head/Dean: _____ **Date:** _____

Vice President/Provost: _____ **Date:** _____

Chief Operating Officer: _____ **Date:** _____

FOR OFFICE USE ONLY:

Assigned to: _____

Date Completed: _____