



Washington University in St. Louis

Department of Facilities, Planning & Management

Card Access & Electronic Security Office

Key/Core Official Change Request Form

Access Control Coordinator:

Telephone Number:

Department Name:

Campus Box:

Project or Department Number to Bill:

Quantity of:		Building	Room #	Key/Core #
Keys	Cores			

Special Instructions/Reason for Request:

Please attach additional information as needed.

Thank you!