



Name: _____ Date: _____

Department Name: _____ Work Phone #: _____

List all keys needed

Building Name	Room Number	Key Number	Key Type

Approval Signatures

(Provost or President's signature is required for all Grand Master or CT keys issued)

Department Head _____ Date _____

Provost / President _____ Date _____

Key Issuance Receipt

I have received the above listed keys and agree to abide by the direction and policy printed on the reverse side of this request/receipt. I understand that I must return the issued keys to the key shop at the end of my employment in my current department or when the keys are no longer needed to perform my duties. I agree that I will be responsible for charges resulting from any lost key and any resulting re-keying.

Signature _____ Date _____

DISTRIBUTION: Lock Shop
Department Head
Keyholder