



KEY REQUEST FORM

Type of Key: ____ Regular ____ Sub-Master ____ Master

Last Name (Requestor)	First Name (Requestor)	Middle Initial
Department/Area	Phone #/Extension	Position/Title

Building Name	Room Number	Key # (provided by security)

Signature of Requestor

Date

Name of Department or Div. Head

Signature

Date

Name Division Head – Required for Sub-Master

Signature

Date

President – Required for Master

Date

Keys Issued		
Key #	Signature	Date

Keys Returned	
Signature	Date

Chief – Campus Safety and Security or Designee

Chief – Campus Safety and Security or Designee

All keys that have been issued by the college must be returned to Safety and Security upon termination or resignation. Additionally, I understand that misuse of keys that have been assigned to me by the college may result in disciplinary action and loss of access to campus buildings.

Revised: April 08, 2025