



GLENVILLE STATE COLLEGE

Key Requested By Department Head/Chair_____

Date Requested_____

Applicant's Name (Last, First, Middle) **Print**_____

Applicant's Signature Receiving Key_____

Date Received_____

Faculty Staff Student

Permanent Temporary

Building_____

Department_____

Key Type_____ Key Type_____ Key Type_____ Key Type_____

Key Code_____ Key Code_____ Key Code_____ Key Code_____

Room #_____ Room #_____ Room #_____ Room #_____

Cost Code_____

ALL KEYS MUST BE TURNED IN TO THE PHYSICAL PLANT

Person Returning Key (Last, First, Middle)**Print**_____

Signature Of Person Returning_____

Date Returned_____

Key Type Returned_____ Building_____

Key Code Returned_____ Department_____