



KEY REQUEST FORM

Date: _____

Last Name: _____ First Name: _____ Title: _____

Employee Status (*circle one*): Administrator Faculty Adjunct Staff Other: _____

Department/Area: _____ Phone Ext. #: _____

Key(s) Type: _____ New _____ Replacement _____ Lock Change

Key(s) requested:

Key Code: _____ Building: _____ Room/Office Description: _____ Master Key (*Describe*): _____

Key Code: _____ Building: _____ Room/Office Description: _____ Master Key (*Describe*): _____

Key Code: _____ Building: _____ Room/Office Description: _____ Master Key (*Describe*): _____

Key Code: _____ Building: _____ Room/Office Description: _____ Master Key (*Describe*): _____

Key Code: _____ Building: _____ Room/Office Description: _____ Master Key (*Describe*): _____

APPROVED: _____
Direct Supervisor

Date: _____

AUTHORIZED: _____
President / Vice President

Date: _____

KEY HOLDER'S AGREEMENT

By my signature below, I agree to all the following terms:

1. The key(s) described herein remains the property of Glenville State College.
2. The key(s) is entrusted to me – I will not duplicate, loan, exchange, or otherwise allow use or possession by anyone else.
3. I will report loss, theft, or destruction of key(s) immediately to Public Safety, Physical Plant, and my supervisor.
4. If the key(s) become lost, stolen, or not available for return, I will pay the key replacement fee at \$50.00 per key and/or the cost for re-keying all affected locks.
5. I will return the key(s) to my supervisor, Vice President, or the Director of Physical Plant immediately upon my resignation, retirement, or termination of employment.

Keyholder's Signature (*upon receipt of key(s)*): _____

Date of issue: _____

RETURN KEY(S) TO PHYSICAL PLANT

Key(s) accepted by (*Please print*): _____

Date accepted: _____

Signature: _____

Key(s) accepted by (*Please print*): _____
(*Supervisor, Vice President, or Physical Plant Director Only*)

Date accepted: _____

Signature: _____