Key Requested/Approved By  (Department Head / Chair) ________________________________

Key Authorized By  (President / Vice President) ________________________________

Date Requested________________________

Applicant’s Name (Last, First, Middle) Print_____________________________________
[ ] Faculty  [ ] Staff  [ ] Student  [ ] Permanent  [ ] Temporary  Start date_____ End date_____

Building________________________________________
Department________________________________________

Room # ______  Room # ______  Room # ______  Room # ______  Room # ______

Key Type ______  Key Type ______  Key Type ______  Key Type ______  Key Type ______

Key Code ______  Key Code ______  Key Code ______  Key Code ______  Key Code ______

By my Signature below, I agree to 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. In the case of resignation, retirement, or termination of employment I will return all keys to Physical Plant.

Applicant’s Signature Receiving Key________________________________________

Date Received________________________

________________________________________________________________________

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________________________