



GLENVILLE STATE UNIVERSITY

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 University
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 _____