



Key Authorization

Physical Plant

Name: _____

Last

First

Middle initial

ID#: _____ Dept.: _____

Faculty Staff Student Other: _____

Building: _____

Room Number (to be filled in by department)	Key Number (to be filled in by Physical Plant)	Room Number (to be filled in by department)	Key Number (to be filled in by Physical Plant)

Authorized by

Appropriate Department Chair*

Printed name

Signature

Vice President of Student Learning*

Printed name

Signature

President*

Printed name

Signature

Reviewed by Physical Plant

Approve Disapproved

Physical Plant Manager

I accept responsibility for the above key(s) and will return the key(s) to Physical Plant

I understand and agree that I may be responsible for the costs of re-keying in the event that the above keys are lost, stolen or if I do not return any of the above keys upon request or upon termination of my employment. I also acknowledge and agree that the college-issued keys provided to me are for my use only and that the distribution to a student of any college-issued key may result in the termination of my key privileges.

Party receiving keys

Date

* Check the Key Policy to see what level of authorization is needed.