

**THE GRADUATE SCHOOL AND UNIVERSITY CENTER
OFFICE OF SECURITY & PUBLIC SAFETY**

KEY REQUEST FORM

TO: Security and Public Safety

FROM: Chairperson/Dept. Head: _____

Department: _____

Signature: _____

DATE: ____/____/____

PLEASE ISSUE THE FOLLOWING KEY(S) TO THE EMPLOYEE LISTED BELOW

LAST NAME: _____ FIRST NAME: _____

TITLE: _____

PHONE: _____ NEW EMPLOYEE (Y/N): _____

ROOM #	KEY # (Filled Out By Security)	ROOM #	KEY # (Filled Out By Security)
1. _____	_____	11. _____	_____
2. _____	_____	12. _____	_____
3. _____	_____	13. _____	_____
4. _____	_____	14. _____	_____
5. _____	_____	15. _____	_____
6. _____	_____	16. _____	_____
7. _____	_____	17. _____	_____
8. _____	_____	18. _____	_____
9. _____	_____	19. _____	_____
10. _____	_____	20. _____	_____

