Shawnee State University

Key Request Form

Name _____

Building/Area _____

Room _____
(if applicable)

Key Code _____
(if available)

Reason for request:

- ☐ New employee
- ☐ New space assignment (*current key must accompany this request*)
- ☐ Replace lost key (**$5.00 replacement fee per key** * state circumstances on back of form)
- ☐ Replace defective key (defective key must accompany this request)
- ☐ Lock change (**charges may apply** * current key must accompany this request)
- ☐ Other (please explain on back of form)
- ☐ Temporary (state reason and appropriate dates on back of form)

***** Current key(s) must be received by Facilities Department before new key(s) are issued.***

Employee Information:

SSU Employee ID Number _____

Department: _____ *Phone Extension:* _____

Circle One: *Full-Time* *Part-Time*

Circle One: *Faculty* *Administration* *Hourly*

_____ _____
Appropriate Vice President/Chairperson *Date*

_____ _____
Director of Planning, Construction and Facilities *Date*

Deliver to Facilities Department

Rev. 2/09