

Troy University Key Request Form

Last Name 	First Name 	Phone Number
-------------------	--------------------	----------------------

Department 	Title 	<input type="checkbox"/> New Employee <input type="checkbox"/> Transferring Departments
--------------------	---------------	--

Key(s) Requested: If this is to replace a lost key(s), please provide explanation below.		
Building 	Room 	Key code
Building 	Room 	Key code

Account # Number to be Charged for Lost / Stolen / Non-Returned Keys

Purpose For Key Request/Explanation for Lost Key(s)

Approvals

Department Chair	_____	Date: _____
	Full Name (please print)	
Department Chair Approval	_____	Date: _____
	Signature (please sign)	

Dean / Director	_____	Date: _____
	Full Name (please print)	
Dean / Director Approval	_____	Date: _____
	Signature (please sign)	

Physical Plant Director Approval for Replacement of Lost Keys	_____	Date: _____
	Signature (please sign)	

All key request must go through the Physical Plant

*****Note***** All keys must be obtained from and returned to the Physical Plant.

No transfers between individuals will be authorized.

Recipient Signature: _____	_____	Date: _____
(To Be Signed When Key(s) are Picked Up)		

Returnee Signature: _____	_____	Date: _____
(To Be Signed When Key(s) are Returned)		

This section is for additional approvals when required and is reserved for administrative use only.

Physical Plant Director	_____	Date: _____
Full Name (please print)	Signature (please sign)	
Full Name (please print)	_____	Date: _____
	Signature (please sign)	