Point University
KEY REQUEST FORM   W/O#

Please allow 5 business days to process your request. You will be notified via email when your key is ready. Keys must be picked up within 2 weeks of notification of completion or the key request will be voided and the keys returned to stock. Keys must be returned directly to Facilities, Programming and Management.

Note: Keys will not be issued to non-regular employees or card- swipe doors. Please refer to our departmental key policy for more information.

NAME_____

    (Last Name)   (First Name)   (Middle Initial)   Point ID Number

Department_____

                (Department Name)   (Date Requested)

Department Phone_____Requester Phone_____

Email Address _____

Type of Issue: Initial_____   Replacement____(Point Security report required)

There may be a charge for replacement keys

	REQUESTED AREA			FACILITIES USE ONLY
QTY	BUILDING NAME	ROOM #	DEPT HEAD INITIALS	LEAVE BLANK

APPROVALS
DEPT HEAD (INITIAL EACH KEY)
Dept Head Print
Dept Head Sign
ADDITIONAL AUTHORIZATION IF REQ
Chief of Security
FACILITIES PLANNING AND MGMT
Facilities Sign
RECEIVED BY
Requester Sign
Received Date

Note: Some requests may require additional approval. Facilities will initiate any additional approval or routing.

SPECIAL CIRCUMSTANCES/REQUIREMENTS OR REMARKS:

Note: Only the individual requesting keys may pick up the keys. Requester must be present along with a photo ID. Keys can be picked up at Facilities Department. Keys must be returned to Facilities when no longer needed, the lock is changed, duties changed or employment at the University is terminated.

⌐ Request Denied
⌐ Key(s) Denied
⌐ Request Changes
⌐ Request on Hold
⌐ Request Complete
Locksmith Initials:

_____

Date:

_____

FOR FACILITIES USE ONLY