



# SAMUEL MERRITT UNIVERSITY

## KEY REQUEST FORM

<u>ROOM LOCATION</u>	_____	<u>KEY#</u>	_____	<u>TAG#</u>	_____
<u>ROOM LOCATION</u>	_____	<u>KEY#</u>	_____	<u>TAG#</u>	_____
<u>ROOM LOCATION</u>	_____	<u>KEY#</u>	_____	<u>TAG#</u>	_____
<u>ROOM LOCATION</u>	_____	<u>KEY#</u>	_____	<u>TAG#</u>	_____

I HAVE TAKEN POSSESSION OF AND ASSUME FULL RESPONSIBILITY FOR THE ABOVE KEY(S). WHEN I NO LONGER OCCUPY THE ROOM OR HAVE THE NEED FOR WHICH THE KEY IS ISSUED, I WILL RETURN THE KEY TO THE DIRECTOR OF FACILITIES. SHOULD THIS KEY BE MISPLACED OR LOST, I WILL REPORT IT IMMEDIATELY TO THE DIRECTOR OF FACILITIES. I AM AWARE THAT A FEE OF \$10.00 WILL BE DUE IN ORDER TO OBTAIN A REPLACEMENT KEY.

### REQUESTED BY

DEPARTMENT MANAGER \_\_\_\_\_  
PLEASE PRINT DATE

DEPARTMENT MANAGER'S SIGNATURE \_\_\_\_\_

### ISSUANCE

EMPLOYEE NAME \_\_\_\_\_  
PLEASE PRINT DATE

EMPLOYEE'S SIGNATURE \_\_\_\_\_

ISSUING FACILITIES DEPT. ADMIN \_\_\_\_\_

### RETURN

KEY RECEIVED BY \_\_\_\_\_  
DATE

### REPLACEMENT

Reported Key Lost \_\_\_\_\_ Date Replacement Issued \_\_\_\_\_ Date

Payment Received by \_\_\_\_\_ Date \_\_\_\_\_