



SAMUEL MERRITT UNIVERSITY

KEY REQUEST FORM

Room Location _____ **Key #** _____ **Tag #** _____

Room Location _____ **Key #** _____ **Tag #** _____

Room Location _____ **Key #** _____ **Tag #** _____

Room Location _____ **Key #** _____ **Tag #** _____

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 Signature _____

Issuing Facilities Dept Admin _____

RETURN

Key Received By _____
Date

REPLACEMENT

Reported Key Lost _____ Date Replacement Issued _____ Date

Payment Received by _____ Date _____