

KENTUCKY STATE UNIVERSITY KEY REQUEST FORM

Account number to be charged: _____

Department Head Requesting: _____

Issue to: _____
Last Name First Name MI

Position: _____ Phone No: _____

Reason for Request: _____

TO KEY CONTROL

Building Name: _____

Room Number(s): _____

Approved by:

Department Head/Director _____

Area Vice President _____

Director, Facilities Services _____

President * _____

Assoc. V.P. for Facility Operation* _____

* The signature of the President is required for Building/Grand Master and Great Master keys to be issued. This signature is also required for lost key(s) replacement.

For Departmental use only.

Issued to: _____

Key number issued: _____ Date issued: _____

1st Issue: _____ * lost key: _____ Duplicate Issue: _____

Missing key Policy:

In the event that key/s should be unaccounted for or lost, the department that requested the said Key/s will be held responsible for all charges associated with the re-coring and issuing of new keys. A Police Report will be required before new keys are issued.