

<b>KEY REQUEST</b>			
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>EXT.</b> _____
<b>St. Mary's ID#:</b> _____			
<b>To <u>KEY CONTROL DEPARTMENT</u>: I request that the above person be issued a key to open:</b>			
<b>Building:</b> _____		<b>Department:</b> _____	
<b>Room:</b> _____			
<b>Access needed for special reasons:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <b>Verification attached:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <small>(Human Resources for Faculty &amp; Staff; Dean of Students for Students)                      (Human Resources requires a letter from requestor's physician)</small>			
<b>Signature:</b> _____			
<b>DEPARTMENT HEAD</b>	<b>POSITION</b>	<b>DATE</b>	
<b>Signature:</b> _____			
<b>REQUESTOR'S VICE PRESIDENT, DEAN, OR DELEGATED AUTHORITY</b>	<b>POSITION</b>	<b>DATE</b>	
<b>Signature:</b> _____			
<b>AREA VICE PRESIDENT</b>	<b>POSITION</b>	<b>DATE</b>	
<small><b>(REQUIRED ONLY WHEN SPACE IS ASSIGNED TO ANOTHER VP)</b></small>			

**G-271**

*KEY REQUEST.* Keys may be requested by completing Best Lock Company Form G-271, Key Request. Keys must be requested by the administrative head of the department and approved by the area vice president or academic dean. If the requested key is to an area assigned to a different Executive Council Member, then approval is also required from the Executive Council Member to whom the area is assigned. A minimum of three working days, depending on workload, is normally required for key cutting. Each vice president or executive council member may delegate the approval of key requests to those they designate, by designating on the Space Classification and Inventory Key and Lock Summary.

*Refer requestor to "Key Request Orientation Statements" form (if applicable)*

June 15, 2005

**KEY RECEIPT**

**PHYSICAL PLANT DEPARTMENT** has received from \_\_\_\_\_

**Key Number:** \_\_\_\_\_

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Position***

\_\_\_\_\_  
***Date***

**G-275**

July 18, 2008

## LOST KEY NOTIFICATION REPORT

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      EXT. \_\_\_\_\_

St. Mary's ID#: \_\_\_\_\_

To PHYSICAL PLANT DEPARTMENT: This is to report that the above named person has lost his/her key(s) on \_\_\_\_\_(date), key number(s) \_\_\_\_\_ under the following circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and requests that a replacement key be issued.

Signature: \_\_\_\_\_  
DEPARTMENT HEAD                      POSITION                      DATE

Signature: \_\_\_\_\_  
REQUESTOR'S VICE PRESIDENT,                      POSITION                      DATE  
DEAN, OR DELEGATED AUTHORITY

Signature: \_\_\_\_\_  
AREA VICE PRESIDENT                      POSITION                      DATE  
(REQUIRED ONLY WHEN SPACE IS  
ASSIGNED TO ANOTHER VP)

Signature: \_\_\_\_\_  
CAMPUS POLICE                      POSITION                      DATE

G-276

July 18, 2008

## LOCK CHANGE REQUEST

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME

EXT. \_\_\_\_\_

St. Mary's ID#: \_\_\_\_\_

**To PHYSICAL PLANT DEPARTMENT:** This is to report that the above named person would like the locks changed on the following doors(s):

\_\_\_\_\_

For the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_  
DEPARTMENT HEAD                      POSITION                      DATE

**Signature:** \_\_\_\_\_  
REQUESTOR'S VICE PRESIDENT,                      POSITION                      DATE  
DEAN, OR DELEGATED AUTHORITY

**Signature:** \_\_\_\_\_  
AREA VICE PRESIDENT                      POSITION                      DATE  
(REQUIRED ONLY WHEN SPACE IS  
ASSIGNED TO ANOTHER VP)