***Costs associated with key misuse, loss, or non-return, which cannot be collected from the key holder, will be borne***

***by the department.* FLC Policy 9-7 Paragraph II.A.4**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Keys to be issued to: | | | | | | | Date: | | | |
| ID Number | | | Email: | | | Campus Phone Ext. | | | Contact Person Phone/Email: | |
| Please check one: | \_\_\_\_\_\_\_\_\_Student | | | \_\_\_\_\_\_\_\_Faculty | | \_\_\_\_\_\_\_Staff | | | \_\_\_\_\_\_\_\_Contractor | |
| Position/Title: | | | | | | Key Return Due Date:  *Required for Student Issued Keys* | | | | |
| Responsible Department: | | | | | | Budget Code: | | | | |
| Dean/Supervisor Printed: | | | | | | Dean/Supervisor Signature: | | | | |
| Building(s)/Room(s) requesting access Please do not request key by key code  Building: Building: Building: Building: | | | | | | | | | | |
| Room #: | | Room #: | | | Room #: | | | | | Room #: |
| Room #: | | Room #: | | | Room #: | | | | | Room #: |
| Room #: | | Room #: | | | Room #: | | | | | Room #: |
| Room #: | | Room #: | | | Room #: | | | | | Room #: |
| Room #: | | Room #: | | | Room #: | | | | | Room #: |
| Include access to building main doors? \_\_\_Yes \_\_\_\_No Electronic Access? \_\_\_\_Yes \_\_\_\_\_No | | | | | | | | | | |
| Reason for Access: | | | | | | | | | | |
| If the key request affects two or more departments, the appropriate department(s) must approve request below: | | | | | | | | | | |
| Department | | | | Director | | | | Signature | | |
|  | | | |  | | | |  | | |
|  | | | |  | | | |  | | |
|  | | | |  | | | |  | | |
| Locksmith Comments: | | | | | | | | | | |

Email completed form to: [ServiceCenter@fortlewis.edu](mailto:ServiceCenter@fortlewis.edu) Rev. 5/19