***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 codeBuilding: 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 Rev. 5/19