

MINOT STATE UNIVERSITY KEY REQUEST

Date:	Dept Name:
First and Last Name:	
Employee ID:	Email:
Type of Key New: _____ Replacement: _____ Other: _____ Reason Key is needed (Please be specific, add an additional page if needed.) _____ _____	

BUILDING	KEY #	ROOM #	HOW MANY

Depending upon circumstances, keys may be charged to the department at actual cost which will vary based on the type of key. Lost file/cabinet keys will be charged to the department. Please provide charge information, departments will be notified prior to expenditure if it is determined charges would be assessed.

Fund: _____ Dept: _____ Program: _____ Project: _____

Requesting Department Authorization:

Facilities Management Authorization:

 Signature (Dean/Department Head) Date

 Printed Name Phone #

 Signature Date

 Printed Name

Contact Information for Key Pickup:

Name: _____ Phone: _____
 Email: _____

All keys issued through this authorization process are considered property of the University. The lending or duplication of University keys is strictly prohibited. Keys are expected to be returned when no longer required for University duties. Your signature below signifies your acceptance of these stipulations for your use of University keys.

Key Acceptance:

Key Control Official Verification:

 Signature of Issuee Date Key Accepted

 Printed Name

 Signature of Facilities Date Key Issued

 Printed Name

FM Use only:

Assigned to: _____
 DATE KEY RETURNED: _____