

Physical Plant

STUDENT or OFFICE KEY SET REQUEST FORM

revised 09/16/11



LOUISIANA TECH
UNIVERSITY®

New Request

Replacement Keys

Date: _____

Department Contact Name: _____

CWID: Student Key Set or Office Key Set

Department Name: _____

Position: Student or Office Set

Department Account #: _____

Email: _____

Department Phone #: _____

Keys Requested To:

| <u>Building Name</u> | <u># Keys Needed</u> | <u>Room/Door</u> | <u>Key/Core #</u> | <u>Expiration Date</u> |
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We acknowledge that the Department will be responsible for issuing, tracking, and retrieving all keys issued to students or assigned to the office key set within our department. In the event a key is lost we understands that it is the Departments responsibility to immediately report lost keys to the Physical Plant and pay any required fees for replacement locks and keys. Refer to Policy 4106 for a complete list of fees and responsibilities.

Department Head: _____
Print Name

_____ Sign Name

Dean: _____
Print Name

_____ Sign Name

Request for a building master key require approval from:

Vice President of Finance & Administration: _____

Submit the completed form to the Physical Plant. Once the keys are complete, the Department will be contacted at the number/email listed above to pick up the keys. Before the keys are given to the Department, a Department Representative will be required to sign below indicating that they have received the requested keys.

Note: Keys will only be held at the Physical Plant for 30 days after notification of availability.

DO NOT COMPLETE THIS PORTION UNTIL KEYS ARE RECEIVED

I certify that I have received the keys that were requested above.

Department Representative: _____

Date: _____

RETURNED KEYS

Received By
Whom: _____

Signature of
employee: _____

Date: _____