Click to Reset Form and Erase All Text

JACKSONVILLE STATE UNIVERSITY
REQUEST FOR KEY(S)/LOCK CHANGE

KEY REQUEST: To be Issued to:_____
Print Name

Reason Key(s) Needed: _____

_____

1._____ _____ _____ _____
No./Keys Building Room # Key #

2._____ _____ _____ _____
No./Keys Building Room # Key #

3._____ _____ _____ _____
No./Keys Building Room # Key #

LOCK CHANGE: Building: _____Room: _____

Reason for lock change: _____

Number of key(s) needed:_____ (Attach separate Request for Key(s)/ Lock Change Form for each faculty/staff member that is to be issued keys. Upon the issuance of new key(s), the old key(s) must be returned to the Locksmith for updating of key control files.)

****

Requested by _____ _____
Dept Head Date

Approved by: _____ _____ _____ _____
(Bldg Manager) Date (Dir. Phys. Plant) Date

****

Key(s) Received by _____
(Building Manger) Date

Key(s)Received from_____ _____ Key #_____
(Locksmith) Date

****

I certify that I have read the **University Key Policy** and understand my responsibilities.

Key #:	Issued to:	Date:	Return to:	Date:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Return to the Dir. Of Physical Plant for filing in University Key Control File.

BA Form 28 (revised 3/03) **Ref: Business Procedure BA IV:02:01**