

**THE GRADUATE SCHOOL AND UNIVERSITY CENTER  
OFFICE OF SECURITY & PUBLIC SAFETY**

**KEY REQUEST FORM**

**TO:** Security and Public Safety

**FROM:** Chairperson/Dept. Head: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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PLEASE ISSUE THE FOLLOWING KEY(S) TO THE EMPLOYEE LISTED BELOW

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ NEW EMPLOYEE (Y/N): \_\_\_\_\_

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ROOM #	KEY # (Filled Out By Security)	ROOM #	KEY # (Filled Out By Security)
1. _____	_____	11. _____	_____
2. _____	_____	12. _____	_____
3. _____	_____	13. _____	_____
4. _____	_____	14. _____	_____
5. _____	_____	15. _____	_____
6. _____	_____	16. _____	_____
7. _____	_____	17. _____	_____
8. _____	_____	18. _____	_____
9. _____	_____	19. _____	_____
10. _____	_____	20. _____	_____