

Key Request

mail or drop off completed form to:
 Karen Smith, Facilities Management, 2nd Floor

Name:

Email: Phone #:

Department:

Status of Applicant

Faculty Visiting Faculty/Fellowship Staff Student Graduate/Master Student

Temporary Key Issue **Due date:** **Student ID #**

Outside Contractor Company Name: Phone #

Building Information:

Building Name

Room Type Room #

Room Type Room #

Room Type Room #

Room Type Room #

Internal Use Only				
Hook #	Key #	Contacted	Picked up	TMA
Hook #	Key #	Contacted	Picked Up	TMA
Hook #	Key #	Contacted	Picked Up	TMA
Hook #	Key #	Contacted	Picked Up	TMA
Hook #	Key #	Contacted	Picked Up	TMA

Note:

1. One form per individual
2. Keys remain the property of St.FX University and the applicant is responsible for return of all keys when due
3. Keys **MUST** be signed for and picked up by applicant
4. Applicant will have 10 working days to retrieve keys following contact by Key Control Centre
5. **INCOMPLETE FORMS INCLUDING IMPROPER AUTHORIZATION WILL NOT BE PROCESSED**

Signature at key pick up:

Dept. Head Email:

Approved By (Please Print):

Dept Head Phone #

Signature

Date: