

Northwest Tech

KEY REQUEST FORM

CAMPUS:

- ☐ Goodland
☐ Gove County

DATE:**KEY(S) TO BE ISSUED TO:***Faculty / Staff Name**Position**Phone Number**Department**Building**E-mail Address***KEY(S) REQUESTED:**

Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>

_____ I am requesting a master key.

Please provide a reason for a master key.

JUSTIFICATION:

- | | |
|--|---|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Lost Key (\$25 charge) |
| <input type="checkbox"/> Office Move | <input type="checkbox"/> Contractor (Temp) |
| <input type="checkbox"/> Position Change | <input type="checkbox"/> Other |

DESCRIBE KEY NEEDS:

KEY REQUEST APPROVAL:

All key requests must be approved by the President. The Director of Maintenance will issue the appropriate key(s) to meet needs as identified above. The President reserves the right to reject any key requests that are unnecessary. Keys will be provided after approval of the President.

I understand by requesting this key, once approved, I am responsible for ensuring the key is not lost. I also understand that if I lose my key, I will be responsible for any and all costs associated with the re-keying process.

*Name of Person Requesting Key**Signature of Person Requesting Key**Date**Presidents Authorization*

Maintenance will notify the recipient when keys are ready.

UPON RECEIPT OF KEY(S):**Office Use Only**

- ☐ Keys Signed For and Issued

Notified By:
Date:

*Director of Maintenance Signature**Date*

THIS FORM NEEDS TO BE RETURNED TO THE PRESIDENTS OFFICE UPON DELIVERY OF THE KEY