

## KEY REQUEST FORM

### STEP 1 - DEPARTMENT INFORMATION *(to be completed by Key Coordinator)*

1. Date	2. Department or Campus Location	3. Division
4. Name of Employee Requesting Key	5. Employee UIN	6. Employee Title
7. Brief Explanation of Request		

### STEP 2 - KEY REQUEST INFORMATION *(to be completed by Key Coordinator)*

8. Is Lion Card access available? Yes      No		10. Location <i>(for multiples, attach supporting documentation)</i>	
9. Access <i>(select all that apply)</i> Office Suite Office/Classroom Lost Key Replacement	<b>NOTIFY UPD IF THIS REQUEST IS FOR REPLACING A LOST KEY</b>	a. Building	
		b. Room(s)	
<i>DEPARTMENT HEAD OR DIRECTOR SIGNATURE REQUIRED (UPD MUST SIGN FOR LOST KEY REPLACEMENT)</i>			
11. Dept. Head/Director Signature	12. Date	13. UPD Signature (If required)	14. Date

### STEP 3 - EMAIL TO DEPARTMENT OF SAFETY AT UPO@TAMUC.EDU *(to be completed by Key Coordinator)*

15. Key Coordinator	16. Signature	17. Date
---------------------	---------------	----------

### STEP 4 - WORK ORDER TO FACILITIES *(to be completed by the Department of Safety)*

18. Work Order #	20. Signature	21. Date
------------------	---------------	----------

### STEP 5 - KEY SHOP *(to be completed by Facilities and the Department of Safety)*

22. Employee	23. Signature	24. Date
25. Key Numbers <i>(and Cores, if issued)</i>		
<b>26. Delivery</b>		
a. Key Shop Signature	b. Date	c. Dept. of Safety Signature
		d. Date

### STEP 6 - EMPLOYEE INFORMATION *(to be completed by Employee at time of pickup)*

27. Name	28. Office Phone	29. Email Address
----------	------------------	-------------------

#### 30. Acknowledgement of Responsibility

- a. Keys remain property of Texas A&M University-Commerce.
- b. Key shall not be lent to anyone.
- c. I understand that I am responsible for turning in my keys to my supervisor should my employment terminate or I am transferred to another location.
- d. I understand that I am to report lost or stolen keys to my supervisor, the Department of Safety, and the University Police Department immediately.
- e. ONLY AN A&M-COMMERCE FACILITIES LOCKSMITH MAY DUPLICATE A&M-COMMERCE KEYS.

<b>I ACKNOWLEDGE RECEIPT OF THE ABOVE LISTED KEYS AND AGREE TO THE KEY CONTROL POLICIES AND PROCEDURES PER THE UNIVERSITY RULES AND REGULATIONS</b>	31. Signature
	32. Date

*Completed forms will be retained by the Department of Safety and a copy will be sent to the Key Coordinator*