



ALABAMA A&M UNIVERSITY KEY REQUEST FORM

Requestor: _____

Position/Title: _____

Phone Number: _____

Department: _____

Email: _____

Facility TMA Work Request # (REQUIRED): _____

Is access/key requested for space that is assigned to your Department? Yes _____ No _____

Are these new Keys you are requesting? Yes _____ No _____

Are these additional copies of Keys you already have? Yes _____ No _____

Are these Lost or Stolen copies of Keys? Yes _____ No _____

If these are Lost or Stolen copies of Key(s). Enter DPS Police Report Number. (REQUIRED): _____

Building: _____

Room Number(s): _____

Key Type: Room / Lab / Office: _____ Sub-Master: _____ Building-Master or Grand-Master (DPS/Facility Only): _____

Method of Payment (if a cost is incurred): Cash/Check: _____ Requisition #: _____

Please provide number of Key(s) requested:

Key #: _____	Quantity: _____	Key #: _____	Quantity: _____
Key #: _____	Quantity: _____	Key #: _____	Quantity: _____
Key #: _____	Quantity: _____	Key #: _____	Quantity: _____

Please state reason for request / Add attachments as required: (REQUIRED)

Department Head/Dean Signature Approval Only: (ALL FIELDS MUST BE COMPLETED)

Approval By: _____ Date: _____
 Print Name: _____ Department: _____
 Print Title: _____ Email: _____

OFFICIAL USE ONLY

Aramark Operation Manager Signature Approval:

Approval By: _____ Date: _____
 Name: _____ Department: _____
 Title: _____ Email: _____



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NOTE: ONE KEY RECEIVER CAN NOT SIGN AND RECEIVE MULTIPLE KEYS. NO EXCEPTIONS. THIS FORM WILL BE SUBMITTED TO THE UNIVERSITY DPS FOR RECORD RETENTION.

KEY RECEIVER(S) INFORMATION: (REQUIRED TO RECEIVE KEYS)

	PRINT NAME	DEPARTMENT NAME	TITLE	SIGNATURE	DATE	LOCKSMITH INITIAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

----- OFFICAL USE ONLY -----

Building Exterior Door(s) Re-Keying Required? Yes _____ No _____
(If Re-Keying Required, Complete the Following):

	Door Entrance #	Building Entrance Location / Description	Entrance Secured? Y / N
1			
2			
3			
4			
5			
6			

Building Interior Door(s) Keying Required? Yes _____ No _____
(If Re-Keying Required, Complete the Following):

	Room/Lab/Office/Suite #	Room/Lab/Office/Suite Description	Interior Secured? Y / N
1			
2			
3			
4			
5			
6			

NOTE: ATTACH ADDITIONAL PAGES AS REQUIRED