

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 _____

Facilities Manager Signature Approval:

Approval By: _____ Date: _____

Name: _____ Department: _____

Title: _____ Email: _____

ALABAMA A&M UNIVERSITY KEY REQUEST FORM

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						

OFFICIAL 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