

DELTA STATE UNIVERSITY Facilities Management Key Request Form

Date _____

Work Order Number _____

Name _____

DSU Employee (900) Number _____

Department _____

Telephone Number _____

Key Issue Agreement: In return for the loan of this key. I agree:

- 1) Not to give or loan the key to others.
- 2) Not to make any attempts to copy, alter, duplicate, or reproduce the key.
- 3) To use the key for authorized purposes only.
- 4) To safeguard and store the key securely.
- 5) To immediately report any lost or stolen keys to Campus Police and Facilities Management.
- 6) Produce or surrender the key upon official request. I also agree that if the key is lost, stolen, or not surrendered when requested **a charge that reflects the cost of changing any and all locks affected will be assessed.**
- 7) It is the **responsibility of the key holder** and the **supervisor, dean or vice president** and **building manager** who authorized issuance of the key(s) **to assure that all keys are returned to Key Shop** upon the key holder's: **1. Transfer** to another department; **2. Termination** of employment, or; **3. Change of assignment** that makes it unnecessary for the key holder to have the assigned keys. **All keys must be accounted for and returned.** Deans or building managers will be notified of missing keys or other key discrepancies upon return of keys to the Facilities Management Key Shop. The director of Facilities Management will determine when re-keying of locks or space is required when keys are not returned or keys are missing.

REQUIRED SIGNATURES.

BY SIGNING, I AGREE TO THE ABOVE TERMS.

Requested by: _____

Building Manager: _____

Dean or Vice President: _____

Medeco Key Cost \$10

All Other Keys Cost \$5

To schedule a time for key issue, please email: dsmith@deltastate.edu

Item #	Description /Location	Unit Price
TOTAL:		

Mail or deliver original form to: **Key Control, Facilities Management**
Delta State University Box 3102
Cleveland, MS 38733

This form must be accompanied by a Work Order in SchoolDude to be valid.

Invalid forms will be returned to the originating department.