

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.

Item #	Description/Location	Unit Price
TOTAL :		

REQUIRED SIGNATURES

Requested By: _____

Building Manager: _____

Dean or Vice President: _____

Medeco Key Cost \$10

All Other Keys Cost \$5

Mail or deliver original form to: **Key Control, Facilities Management**

**Box 3102
Delta State University
Cleveland, MS 38733.**

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

Invalid forms will be returned to the originating department.