



Complete all fields below and obtain all required signatures; needed for processing.

Employee (First/Last Name) and Title:

Department: Employee ID#:

Telephone: (312) 850- Office#:

Key Request type: Office(s) (report each room):

Cabinet/furniture/equipment (report lock #s):

Reissue (provide explanation and proof of \$5 payment made to Business Office)

Explanation of key request:

Signatures required for processing (Signature date should be included):

Program Director/Chairperson:

Dean/Vice President:

Executive Director, Business Operations:

Chief Engineer:

Key Issue Agreement (signature required): In return for the loan of this key, I agree
 1) not to loan/share the key with anyone 2) not to make any attempts to alter or reproduce the key 3) to use the key for authorized purposes only 4) to safeguard and store the key 5) to immediately report any lost/stolen key(s) to the Security & Public Safety department 6) surrender the key upon official request to Security & Public Safety 8) I also agree that if the key is lost, stolen, or not surrendered when requested that a charge that reflects the cost of changing any lock(s) affected may be assessed.

OFFICE USE ONLY

Key Issue

Issued by (name and date):

Blind Code: Entered by:

Signature Receipt: