



**KEY REQUEST FORM**

THIS FORM IS TO BE COMPLETED, SIGNED, AND TURNED INTO FACILITY SERVICES BEFORE A KEY WILL BE ISSUED.

LAST NAME		FIRST NAME	
ID #		CONTACT NUMBER	

**CLASSIFICATION (CHOOSE ONE OF THE FOLLOWING):**

- ADMINISTRATION
- ADJUNCT FACULTY
- FACULTY
- STAFF
- STUDENT

POSITION TITLE	
DEPARTMENT	
DEPARTMENT HEAD	

**SPECIFIC DESCRIPTION OF WHAT DOOR(S) YOU WILL NEED KEYS FOR (INCLUDE DOOR NUMBERS IF POSSIBLE)**

--

**KEY REQUEST APPROVAL**

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

**KEY REQUEST SIGN OUT**

I \_\_\_\_\_  
FULL NAME  
ACKNOWLEDGE THAT I HAVE RECEIVED THE ASSIGNED KEY  
AND WILL HEREBY COMPLY WITH VANGUARD UNIVERSITY'S KEY POLICY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE