TENNESSEE TECHNOLOGICAL UNIVERSITY

NEW KEY REQUEST FORM

	New key(s)	or Replace lost or stolen k			(attach copy of UPD Report)			
NAME:			T#		:		DATE:	
Last		First		MI			•	
DEPT:		INDEX # :			EXT # :			
EMAIL:		STATUS: FACULTY	_ or	STAFF	_	FULL-TIME: YES_		
QUANTITY		BUILDING / ROOM # / DOOR				<u>KEY #</u>		Office Use Only SEQUENCE #
					_		•	
					- -			
					_			
					_			
					_ _			
					_		-	
Authorization for Key(s) Requ	lest :				_		-	
Department Chairperson Printed Name		Date	Dea	ın or Adminis	trative Offi	icer Printed Name		Date
Department Chairperson Signature		Date	Dea	Dean or Administrative Officer Signature				Date
***Signature of Applicant Indicating Receipt of Ke		vs Date	AVE	of Facilitites	and Busin	ess Services Approval		Date

***Signature verifies keys have been received and keyholder is familiar with TTU Key Policy #561

RETURNED COMPLETED FORM TO FACILTIES AND BUSINESS SERVICES: 220 W 10th Street - Campus Box 5041

New key(s) will be held for 30 days from notice to pick up before they are destroyed at the departments expense.

Eagle Card required as ID for pick up - only keyholder may pick up key(s).

NOTE: Any lost or stolen key(s) must be reported to University Police. Responsibility falls to the key holder's department and the department will be held subject to cost of recorning and replacing key(s).