

TO: **Police Services**

FROM:

DEPT:

**Key Request Form**

Date

Request key(s) be issued to: for the following facility(ies):

**CMA Position Held :**

**BUILDING MAIN ENTRANCE OFFICE**

**OTHER**

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| *The supervisor certifies that the key recipient has been advised that key(s) must be returned when authorization expires (I.e., termination of employment, retirement, reassignment, or upon request of the campus administration). Failure to return key(s) may result in sanctions such as withholding records, transcripts, grade reports, degrees, civil litigation, verification and registration privileges.* |

*Supervisor’s Printed Name & Title*

*Supervisor's Signature*

*Date*

**POLICE SERVICES DEPARTMENT USE ONLY**

Approved Disapproved

COMMENTS:

*Director/Designee*

**FACILITIES DEPARTMENT USE ONLY**

*Date*

*Issuing Agent Date Key(s) Were Issued*

rev. 10/2012