Date:

_____

KEY REQUEST FORM

Submit form to email: chs.facilities@okstate.edu

STATUS:

☐ Full Time Faculty ☐ Temporary Faculty ☐ Student

☐ Full Time Staff ☐ Temporary Staff ☐ Contractor

Work Order#: _____

Key #: _____ (if appicable)	**Buidling (Please specify CHS or Tulsa)** _____	**Room Number(s)** _____

Requesting Department: _____

Phone Number (Required): _____

Key Holder Name: _____

Key Holder's Title: _____

Requestor Name: _____

Requestor's Title: _____

Department Head/Manager (Required): _____

Signature Depart. Head/Manager (Required): _____

Best Day for Drop Off: _____

Best Time for Drop Off: _____

KEY DROP OFF

Read & sign that you acknowledge the following:

I hereby acknowledge upon receipt, the key holder accepts full responsibility for the key(s), including its safekeeping, authorized use, and prompt reporting of any loss or damage.

Key Holder: _____

Date: _____

Signature: _____

NOTES:

_____

_____

_____