

KEY REQUEST FORM
UNIVERSITY OF LOUISIANA AT LAFAYETTE
PHYSICAL PLANT DEPARTMENT

APPLICANT'S NAME (Print): _____

Last

Middle

First

DEPARTMENT: _____

SOCIAL SECURITY OR CLID #: _____

STATUS OF APPLICANT:

Faculty

Staff

Graduate Student

JOB TITLE: _____

<u>BUILDING NAME</u>	<u>ROOM NUMBER</u>	<u>KEY NUMBER</u>	<u>APPROVAL INITIALS</u> ¹
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹ Department Head must initial beside each key so that additional keys cannot be requested after he/she signs this form.

APPROVED – TYPED OR PRINTED NAME & SIGNATURE OR DEPARTMENT HEAD OR DEAN

Must be an original signature. No signature stamps accepted.

SIGNATURE OF APPLICANT (I certify that I have received the key(s) described hereon, and that I have read & agree to the conditions of issuance as stipulated on the reverse side of this form).

_____ Date

(Policy for issuing Keys to University Buildings is on the back of this form)