

OPERATIONS KEY REQUEST FORM

Building	Room Number	Key Code (if known)	To be issued to:	Signature (upon receipt)

New Employee
 Office Relocation
 Lock Change
 Worn Key
 Other, please explain:

Individual completing this request

Name: _____

Campus Ext: _____

Date: _____

Account to charge: _____

Authorization Signatures
(Faculty)

Dean: _____

(Staff)
Supervisor: _____

- Please return all keys to Tami or Donna in the Lentz Hall mailroom, and be sure to include a name tag along with the key.
- **Do not distribute to another employee.**
- **Carthage policy does not allow the distribution of facility keys to students**, other than those provided via a residence option.
- Additional facility management approval may be required, depending on the key request.
- Typical key requests are completed within two business days. You will be contacted via email when your key is available for your use.

OFFICE USE:

Date received: _____ Date completed: _____ Keys returned: _____