



14000 Jericho Park Road, Bowie, MD 20715  
 Facilities Management Building, Room 101  
 Tel: 301.860.4190 \* Fax: 301.860.4202

**KEY REQUEST FORM**

**REQUESTER INFORMATION**

**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

<b>Reason for Request</b>	<input type="checkbox"/> New Staff/Faculty	<input type="checkbox"/> New Space
	<input type="checkbox"/> Replace Lost Key	<input type="checkbox"/> Replace Defective Key
	<input type="checkbox"/> Lock/core change (fees may apply)	<input type="checkbox"/> Other

<b>Location/Room</b>	<b>BUILDING NAME</b>	<b>ROOM #</b>
	_____	_____

<b>Recipient Information</b>	<b>NAME</b>	<b>EMPLOYEE ID</b>
	_____	_____
	<b>DEPARTMENT</b>	<b>PHONE/EMAIL</b>
	_____	_____

**Recipients Status**

<input type="checkbox"/> Staff	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Contractual
<input type="checkbox"/> Faculty	<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Other – Specify _____		

**APPROVALS**

Building exterior and/or master keys will be issued only upon the approval of the VPAF.  
**Note: Unauthorized reproduction or sharing of any keys or access codes of any state issued key is illegal and subject to criminal prosecution.**

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Dean/Chair/Director/VP

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 VPAF (Req'd Only for Master/Exterior Key)

**Locksmith:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE KEY RECIPIENTS**

I have received keys and understand that if I require a replacement following fees may apply.  
 Standard 6pin key \$10  Master 6pin key \$50  Standard 7pin key \$50  Master 7pin \$100  standard core \$15  
 Master Core up to \$100

**Recipients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLASSROOM KEY RECEIPIENTS**

A key for **classroom(s)** \_\_\_\_\_ has been issued to you for the semester. All classroom keys must be returned to Facilities Management at the end of each semester. The Facilities Management Department will not issue subsequent classroom keys should this/these keys not be returned prior to the next semester.

By my signature I agree to return this key to Facilities Management Department at the end of this semester.

**Recipients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_