



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:** _____

Reason for Request	<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

Location/Room	BUILDING NAME	ROOM #

Recipient Information	NAME	EMPLOYEE ID
	DEPARTMENT	PHONE/EMAIL

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: _____ Dean/Chair/Director/VP	_____ Date	Facilities Use Only Recommend Approval ___ yes ___ no _____ Fac. Mgmt. Initials Date
Approval: _____ VPAF (Req'd Only for Master/Exterior Key)	_____ Date	
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:** _____