Whittier College
Campus Safety Department
Key Request Form

PLEASE PRINT IN BLACK INK
PLEASE CHECK TYPE OF REQUEST:

☐ REKEY ☐ NEW EMPLOYEE ☐ LOST KEY ☐ OTHER ________________

DESCRIPTION:
☐ DOOR ☐ CABINET ☐ DESK ☐ OTHER ________________

BUILDING __________________ DEPARTMENT __________________

RESPONSIBLE PERSON __________________ (ONLY ONE NAME PER FORM)

AUTHORIZATION: (ONE SIGNATURE ONLY)
VICE PRESIDENT’S SIGNATURE __________________
ASSISTANT TO THE DEAN OF FACULTY’S SIGNATURE __________________

DEPARTMENT DIRECTOR’S SIGNATURE __________________

KEY ID# ______  ROOM # ______  NUMBER OF KEYS ______
KEY ID# ______  ROOM# ______  NUMBER OF KEYS ______
KEY ID# ______  ROOM# ______  NUMBER OF KEYS ______
KEY ID# ______  ROOM# ______  NUMBER OF KEYS ______

CAMPUS SAFETY __________________  DATE ______

NOTE: KEY REQUEST WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT AND REQUIRED SIGNATURES OBTAINED

IF THE LOSS OF A KEY OCCURS, WHETHER BY THEFT OR BEING MISPLACED, THE RESPONSIBLE PARTY SHALL NOTIFY THE CAMPUS SAFETY DEPARTMENT IMMEDIATELY. THE CAMPUS SAFETY DEPARTMENT WILL THEN TAKE APPROPRIATE REPORT.

ALL KEYS ARE TO BE RETURNED TO THE CAMPUS SAFETY DEPARTMENT UPON TERMINATION OF ANY EMPLOYEE. DEPARTMENT SECRETARIES ARE NOT TO GIVE KEYS TO REPLACEMENT EMPLOYEES. INDIVIDUAL DEPARTMENTS WILL BE CHARGED FOR ANY KEYS NOT RETURNED BY A TERMINATED EMPLOYEE.

DO NOT WRITE BELOW THIS LINE

NAME: __________________  SIGNATURE __________________
DATE RECEIVED: ____________  BUILDING __________________
DATE ISSUED: ______________  ROOM # __________________
NUMBER OF KEYS: ____________  KEY CODE __________________
DATE COMPLETE: ____________  DATES CONTRACTED ______________