

KEY REQUEST FORM

Name: _____

Last Name

First Name

Department _____ Building _____

Office Number _____ Class Number _____ Other (Faculty Staff Housing) _____

Date Needed _____ Key Return Date _____

*Please allow business hours for all requests.

*If the date is unknown, please put N/A.

BY SIGNING THIS FORM, I UNDERSTAND THE FOLLOWING:

*Because keys and locks are handled by a 3rd party - I have submitted this form in a timely manner.

*Upon departure from the department I will return ALL keys immediately to my supervisor.

*If my key is lost, stolen, or broken I will report it immediately to the division/department vice president and supervisor.

*Keys are NOT to be duplicated or loaned out to other employees, students, or family members.

*If a repair is needed to lock(s) and/or keys - I will not attempt to contact a locksmith or fix the issue myself. I will contact Stillman College Facilities Management at (205) 860-7845 ext. 8923 or email sjohnson@stillman.edu.

Requestor Signature: _____ Date: _____

Vice President/Supervisor Signature: _____ Date: _____

Facilities Management: _____ Date: _____

Please submit the completed form to Stillman College Facilities Management and/or email Steven Johnson at sjohnson@stillman.edu.