



# CAMPUS KEY REQUEST

*Individual receiving key(s) must submit this completed form to the Office of Facilities Services.*

Name	Date
Phone	Email
Job Title	Department Name

**Approval Signature:** The necessary approval and signature is required before processing key requests. All key requisitions for restricted or master keys must be approved by either the President, Vice-President, Director of Facilities, or appropriate Administrator as determined in the RMC key policy.

Department Head (print name)	Signature	Date
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**Keys Requested:**

Quantity	Key/Code#	Building	Room

The above issued keys are RMC property and are your responsibility. Fabricating, duplicating or modifying RMC keys is prohibited.

DO NOT loan your key to anyone. Report lost or stolen key(s) to your Building Supervisor, Campus Security, and Facilities Services as soon as possible. Key(s) must be turned in to Facilities Services at the end of your assignment and/or employment.

*You will be contacted when key(s) are ready for pick-up. Key(s) may only be picked-up by the person they were issued to. RMC key policy must be signed before receiving key(s). Key(s) not picked-up within 60 days of notification will be destroyed and must be requested again.*

**Upon receipt of key(s):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Upon Return of key(s):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Office Use Only	
Confirmed Key Code(s):	_____
RMC Policy Signed :	_____
Notified By: _____	Date: _____