



Work Order Number

Return form to: maintenance@lamar.edu • Questions? Call (409) 880-8470

Please check: **KEY Request** **KEY CARD Request**

Is this request for a student or graduate student? Yes No *If yes, do they have an Access card?* Yes No

Date of Request	Name of Person Being Issued Key(s)	Lamar L #
Phone #	Department Requesting Key	Department Index #
Name of Person Requesting the Key (if different from the person receiving the key)		Phone #

KEYS ARE FOR THE FOLLOWING LOCATION(s)

Building	Room #	Department	Type of Key Requested	OFFICE USE ONLY KEY NUMBER
			<input type="checkbox"/> Interior Door <input type="checkbox"/> Interior Sub-Master <input type="checkbox"/> Building Entry <input type="checkbox"/> Building Master <input type="checkbox"/> Grand Master	
			<input type="checkbox"/> Interior Door <input type="checkbox"/> Interior Sub-Master <input type="checkbox"/> Building Entry <input type="checkbox"/> Building Master <input type="checkbox"/> Grand Master	
			<input type="checkbox"/> Interior Door <input type="checkbox"/> Interior Sub-Master <input type="checkbox"/> Building Entry <input type="checkbox"/> Building Master <input type="checkbox"/> Grand Master	
			<input type="checkbox"/> Interior Door <input type="checkbox"/> Interior Sub-Master <input type="checkbox"/> Building Entry <input type="checkbox"/> Building Master <input type="checkbox"/> Grand Master	
			<input type="checkbox"/> Interior Door <input type="checkbox"/> Interior Sub-Master <input type="checkbox"/> Building Entry <input type="checkbox"/> Building Master <input type="checkbox"/> Grand Master	

APPROVAL SIGNATURES FOR REQUEST (Must be approved by the proper authority)

Type of Key Requested	Approval Level	Printed Name	Signature	Date
All Key Requests	AVP Facilities			
Interior Door	Chair / Director			
Building Entry	Chair / Director			
Interior Sub-Master	Vice Pres/Dean			
Building Master	Vice Pres/Dean			
Grand Master	President			

TO BE COMPLETED WHEN KEYS ARE PICKED UP

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE LAMAR UNIVERSITY KEY AND ELECTRONIC ACCESS CONTROL POLICY, MAPP: 06.02.01, AND ACCEPT THE RESPONSIBILITY OF SECURING ALL KEYS WITHIN MY POSSESSION AND RETURNING ANY KEYS THAT ARE NO LONGER NEEDED, OR WHEN I TERMINATE MY EMPLOYMENT WITH LAMAR UNIVERSITY. I ALSO UNDERSTAND THAT FAILURE TO MEET THESE RESPONSIBILITIES, COULD RESULT IN FINANCIAL LIABILITY FOR ME OR MY DEPARTMENT. I FURTHER UNDERSTAND THAT LAMAR-ISSUED KEY(S) ARE NOT TRANSFERABLE TO ANY OTHER PERSON AND LOSS OF KEY(S) MUST BE REPORTED TO MY DEPARTMENT HEAD AND FACILITIES MAINTENANCE AS SOON AS POSSIBLE.

SIGNATURE OF PERSON PICKING UP KEY(S):

Signature: _____ Date Picked Up: _____ Office Initials: _____