

University of West Georgia Access Control Services Services Key Issue Form

General Information

Date: _____

Key Holder Name: _____

Department: _____ Phone: _____

Type of Request: (Check only one)

- Key Issue
- Key Return

Location: (Buildings) _____

Room#	Qty:	Code	Room#	Qty:	Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Authorized Signature: _____ (Person Issuing Keys)

Printed Name _____

General Policy:

- *Members of the Faculty, Staff, Students and Non-College Employees **WHO HAVE BEEN ISSUED KEYS** must agree not to loan, duplicate, or give these key(s) to anyone for any reason. Violation may cause disciplinary action up to termination from employment and re-imburement for **ALL** associated costs.*
- **All costs** associated with lost keys are the responsibility of the individual and or Department.
- *All lost key must be reported to the Lockshop immediately*

I have read the for guidelines about issued keys

Received Signature: _____

Printed: _____