

# University of West Georgia Access Control Services Key Request Form

(One request form per building please)

**Instructions:**

1. Complete form with correct information (Incomplete forms will not be processed.)
2. Print Form
3. Sign form with authorized signature
4. Mail to **Access Control Services - Facilities**

**General Information**

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

Key Holder Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Type of Request:**

- Key Replacement  
 Lock Change

**Location:** (Building) \_\_\_\_\_

Room#	Qty:	Cost:	Room#	Qty:	Cost:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

**Authorized Signature:** \_\_\_\_\_

**General Policy:**

Members of the Faculty, Staff, Students and Non-College Employees **WHO HAVE KEYS** must agree, by signing a key issue form not to loan, give these keys to anyone for any reason, or have them duplicated.

**All costs** associated with lost keys are the responsibility of the individual and or Department.

**DO NOT WRITE BELOW THIS LINE**

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Request Received \_\_\_\_\_

Date Completed: \_\_\_\_\_

Cost: \_\_\_\_\_

Lockshop \_\_\_\_\_ Date \_\_\_\_\_