



**Please Check Appropriate Box:
New Key
Lost Key Replacement**

Key Request Form

Date: _____

Employee Name: _____

Department: _____

Phone Extension or Email Address: _____

Please Complete This Section For New Employees

PLEASE PRODUCE KEYS FOR THE ABOVE NAMED EMPLOYEE FOR THE FOLLOWING BUILDINGS AND ROOMS:

Please Complete This Section For Office Moves

Current Office Location (include building and office number):

New Office Location (include building and office number):

Employee Signature: _____

Department Head (Printed) _____

Department Head (Signature) _____

Please note that requests for Masters, Submasters, or Building Entrance keys will need to be approved by the Director of Safety and Security.

Director of Safety and Security

Date

Please forward completed forms to Facilities@une.edu

[Revised: 01.05.2024]