

Arlington: (703) 993-8207 Fairfax: (703) 993-2823 Sci & Tech: (703) 993-8369

Public Safety Division, Key Control Office Department of Police and Public Safety, GMU

MSN 2A8 / keys@gmu.edu/hrllock@gmu.edu **

Key Request

<u>Notice</u>: All keys issued are to be returned directly to the Key Control Office to ensure campus safety. The transfer of keys between employees should be reported to our office, with a Key Transfer Form. The copying of university keys is prohibited per Virginia Law Code 18.2-503 and University Policy 48.

		1			
Last Name :			First Name :		
Department :			Org. No. :		
G No.:			Work Title :		
Email Address:			Phone No.:		
Cunantican .			Department Head or Dean Name:		
Supervisor : Department Billing			Department Billing		
Representative:			Representative Email:		
Reason for Key Request: □New Staff Member		□New Space Assi	ssignment		e Key
□Lock Change		□Replace Lost Ke	ey □Other:		
to any other em	nployee, fa	(Print Name), underst responsible for the key(s) issu- iculty member, staff member, e key(s) issued to me directly t	or student. I agree that upon	are any key(s)) issued to me
Signature of Key Requestor			Date		
Building Room Nu		imber(s)	Key Serial Number(s) Issued (for Key Control staff use)		Initial upon receipt
					•
*Attach additional	paper if mo	re space is needed.			
I,(Print Name), the Authorizing Agent (click to see the <u>Authorizing Agent list</u>), understand that I am responsible for all the keys issued to and disseminated within my department. The proper management and distribution of internal keys will ensure the safety and security of the university. I understand that I am subject to key inventory audits and must comply with annual audits. I understand that fees will apply for unreturned, or lost keys with additional cost from re-keying the locks.					
Signature of Authorizing Agent or Delegate			Date		
Restricted Key Issuance Certain keys are restricted such as exterior and master keys. Restricted keys will be issued only upon the recommendation of the respective Dean or Department Head and the approval of the Chief of Police. A clear justification of need must be attached.					
Name of Dean as	nd/or Depar	rtment Head	Name Of Chief of Police		
Signature of Dean and/or Department Head			Signature of Dean and/or Department Head		

**For administrative and academic buildings, email requests to keys@gmu.edu. For housing and residents life buildings, email hrllock@gmu.edu.

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