NRES KEY REQUEST FORM

DATE:

EMPLOYEE NAME:

EMPLOYEE ID #:

EMPLOYEE TYPE: ☐ Faculty ☐ Staff ☐ Student ☐ Volunteer

EMPLOYEE END DATE:

CONTACT #:

E-mail:

INDICATE IF REQUEST IS:

☐ New Request
☐ Replacement for Lost Key
☐ Replacement for Stolen Key
☐ Replacement for Broken Key

Please list all PHYSICAL KEYS (Building/Room #):

Please list all CARD KEYS (Building/ Room #):

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

This section for Department use ONLY!!!

Electronic Request Sent: ☐

Date Sent:

Initials: