

**KEY REQUEST FORM**

OSU - Center for Health Sciences

Submit form to Email: [chs.facilities@okstate.edu](mailto:chs.facilities@okstate.edu) & [chs.security@okstate.edu](mailto:chs.security@okstate.edu)

**STATUS:** Student Temporary Faculty Full Time Faculty **End Date:** \_\_\_\_\_  
Contractor Temporary Staff Full Time Staff

<b>KEY #</b> (Locksmith Only)	_____	_____
	<b>Building</b>	<b>Room Number</b>

**Key Holder** \_\_\_\_\_ **Circle one** - Faculty / Staff / Student/ Temp

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_

*(Print Only)* Title \_\_\_\_\_ Requesting Dept / Phone Number \_\_\_\_\_

Printed Name of Department Head/Manager \_\_\_\_\_ Dept Fund Number \_\_\_\_\_

**Requestor:** \_\_\_\_\_  
(Required) Signature of Depart. Head/Manager \_\_\_\_\_ Date \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
(Required) Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_  
Signature of Safety and Compliance \_\_\_\_\_ Date \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
Signature of Chief of Security \_\_\_\_\_ Date \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
Facilities Management Signature \_\_\_\_\_ Date \_\_\_\_\_

*Key Holder: I am the person who will be using this key(s) and am responsible for seeing that it is returned to the Facilities Department or the Security Department when my responsibilities no longer require this access or when my enrollment/employment is terminated, whichever is sooner. If I do not return this key(s), my signature authorizes the university to initiate an automatic payroll deduction for replacement, to place a hold on State financial transactions, or to place a hold on my graduation diploma and/or transcripts.*

**Key picked up by:** \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature - to be signed when key is picked up)

**Issued by:** \_\_\_\_\_

**RETURN KEY TO FACILITIES DEPARTMENT OR CHS SECURITY DEPARTMENT**

**Key returned by:** \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Person returning key)

**Accepted by:** \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Physical Plant/SecurityOfficer)

**READ & INITIAL THAT YOU ACKNOWLEDGE THE FOLLOWING**

**TO OBTAIN A KEY(S)**

- Each key(s) must be requested on a separate **Key(s) Request Form**.
- Get Department head/Chair authorization and signature
- Hand deliver or Mail **ORIGINAL SIGNED** form to the Physical Plant Office.
- Key requests will be reviewed for approval upon receipt of properly filled out key(s) request.
- Requester will be notified when key(s) is ready for issue. Key(s) will be ready within **10 WORKING DAYS** upon approval.
- Person being issued key(s) **MUST** present themselves to the Facilities / Security with **CURRENT UNIVERSITY IDENTIFICATION** and sign upon receipt.
- Key(s) must be picked up within **10 BUSINESS DAYS UPON NOTIFICATION**. Key(s) are put back into key(s) inventory if not picked up within 30 business days.
- After 10 business days a **NEW key(s) request** will need to be submitted if key(s) is still needed.

**Initial:** \_\_\_\_\_

**Initial:** \_\_\_\_\_

**TO RETURN A KEY(S)**

- When the Key Holder no longer needs the key(s) return the key(s) back to the Facilities Office or Security Office. **Only the Facilities or the Security Department are authorized to issue and transfer key(s). WITH PROPER PAPERWORK.**
- The person who accepts the key(s) in the Facilities Office will sign original **Key(s) Request Form** verifying key(s) has been returned.
- Facilities Department, **upon request**, will provide copy of the **Key(s) Request Form**, with return signatures to person turning in key(s), or email to responsible department.
- Lost key(s)-Individual losing key(s) or department shall be charged for replacement and for other affected key(s) and door locks.