FLORIDA A&M UNIVERSITY KEY REQUEST FORM

This form must be used to request an office, classroom, or key request. Incomplete forms and/or those not approved by the appropriate Department Head, Associated Dean, or Dean of School will not be accepted. Send completed forms to the Service Response Center via fax, (850)-599-3938, or via email to <u>ServRspCtr@famu.edu</u>.

Keys may be picked up at the KeyBank located in the Plant of Operations & Maintenance (POM), A Building, Suite 102, during regular hours of operation (Monday through Friday – 8:00 AM – 5:00 PM. Contact us at (850)-561-2834. To pick up keys, the requestor must present a valid, government issued photo identification. Keys will be ready for pick up after 2 business days of receipt of properly completed form.

ACCCESS REQUESTED FOR: (PLEASE TYPE OR PRINT)								
Last Name:			First Name:		MI:			
FAMU Em.ID #		Work Phone:						
Department:			Email:					
ACCESS REQUESTED TO: (PLEASE TYPE OR PRINT)								
Date:			Work Order#					
Key ID #:			Key ID #:		Key	ID #:		
Key ID"			Key ID#		Key	ID#		
Room(s)								
Comments								
APPROVAL								
Printed/Type	ed Nam	e of, Dean, Depar	tment Head,					
Signature:						Date:		

Key Holder Acknowledgement

I understand and acknowledge that I have received and responsible for the key(s) described on the face of this form. The key(s) are to be used for official university business only and is/are not to be modified or duplicated. I understand that I am responsible for returning all key(s) to the KeyBank when access to the area is no longer needed or employment has been terminated or upon request of the KeyBank representative within 5 days after my last day of employment. I understand that the cost to replace lost or stolen key(s) are cost associated with restoring security to an area compromised by my actions shall be paid by me and/or the responsible department.

Signature:	Date:
KeyBank Supervisor:	Date:
POM Superintendent of Building Maintenance:	Date:
POM Director of Building Maintenance:	Date: