EASTERN MICHIGAN UNIVERSITY KEY REQUEST FORM

Requeste	er's Fund	#:	Org#:			Program#:		
☐ Undergrad		☐ Grad Student	☐ Student		☐ Faculty/Staff		☐ Temp/Part Time	
Key Hold	er:							
Name Last			Fir	Title				
Department:						Email: Central Operations Key Office Use Only		
Key Type	Room#	Building/Area Descript	ion	QTY	Prefix	Serial#	:	
OK= Opera FL= File (PLEASE I ☐ Keys w	ating key – Cabinet Ko INDICAT: vill be pick	Operates all locks within a Operates a specific office of ey and Desk Key E: ted up by Key Coordina ted up by key Holder, Pi	or main suite of	or storage k-up not	room lock.			
Authorizi	ng Autho	ority Name and Title:						
Authorizi	na Autho	ritv Signature:						
There will days of n	be a chargotificatio	ge of \$25.00 per key to	the ORG lis					
comply wi reimbursii upon term	ith Easterr ng the Uni ination of	n Michigan University's versity \$25.00 per assig employment.	key policy ar ned key for l	nd proce keys that	dures. These are lost or r	respons not return	sibilities include led to the University	
<u>Please sig</u>	n when pi	icking up key.		• • • • • •				
Key Coor	dinator S	Signature:		Date:				
Key Hold Physical		ure: <u>• Only</u>			Date:			
Date Rec	eived:	Wor	k Order#					
Date Sen	t Email fo	or kov pick up:		Ento	red into TM	IΛ		