

Key and Lock Request Form

☐ NEW KEY REQUEST *Department is Charged*
☐ DAMAGED KEY REPLACEMENT *No charge if key is returned*
☐ LOST KEY REPLACEMENT *Employee payment is required*
☐ LOCK CHANGE ONLY *Department is Charged*

Type of key requested

☐ Employee
 ☐ Student
 ☐ Residence Hall
☐ Temporary Key – Daily Sign Out
 ☐ Temporary Key – Long Term Sign Out – **Date to be returned** _____
Requires Approval of Associate Vice President of Facilities

Designated Requestor Information

Name			Department				
Phone			Email				
Bldg.			FOAPAL #	Fund	Org	Account	Program
Room #			MUST BE COMPLETED			714700	

Key Recipient

As appears on Valid Photo ID – Driver's License, Passport, USA ID

First Name			M.I.		Last Name		
Jag Number			Email			Phone	
Department			Employee Title				
Building						Room #	

Key or Lock Requested

Key # (Optional)		Building		Room #	
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AUTHORIZED BY

Department Head , Dean , Vice President

Signature		Print Name		Date	
Signature		Print Name		Date	

By receiving this key, the key holder acknowledges responsibility for a lost key replacement fee (\$25 per key for first replacement, \$50 per key for additional replacements) while employed. A \$25 key fee will be assessed and deducted from final payment from the university for each non-surrendered key upon separation of employment.

Email Form to KeyManagement@southalabama.edu



To be completed upon receipt of Key(s).

Employee Signature: I certify that I have received the key(s)

Print Name					
Signature				Date	