

UNIVERSITY of
HOUSTON
FACILITIES MANAGEMENT

KEY REQUEST

Please fill out this form **electronically**. You can save data typed into this form. For more info, refer to the [key request authorization guideline](#).

REQUESTER/CERTIFYING SIGNATURE	Key Holder First Name: _____	Position/Title: _____																													
	Key Holder Last Name: _____	Department ID#: _____																													
	Phone Number: _____	Employee ID #: _____																													
	E-mail: _____																														
	Method of Payment (if a cost is incurred):	Cash/Check _____ Cost Center #: _____																													
	Is access/key requested for space that is assigned to your department? Yes No																														
	This key request is for: New Issue Replacement Lock Change Additional Copies																														
	Please state reason for request: _____																														
	(*Important: Please indicate if your keys were lost or stolen)																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ff0000; color: white;"> <th style="width: 15%;">Key Type</th> <th style="width: 15%;">Room Number</th> <th style="width: 15%;">Building #</th> <th style="width: 15%;">Quantity</th> <th style="width: 15%;">*Bypass Key?</th> <th style="width: 20%;">Comments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Key Type	Room Number	Building #	Quantity	*Bypass Key?	Comments																							
Key Type	Room Number	Building #	Quantity	*Bypass Key?	Comments																										

* keys that operate multiple locks

Department Dean/Director or Designee Approval	
Approved By: _____	Date: _____
Name: _____	Department: _____
Title: _____	Email: _____
Certifying Signature Approval (Required)	
Approved By: _____	Date: _____
Name: _____	Department: _____
Title: _____	Email: _____

Important: Email completed form to csc@central.uh.edu. Incomplete or inaccurate form will delay processing.

KEY CONTROL USE ONLY	By signing below, the person receiving the keys verifies that they have received ALL keys requested in this form.	
	Signature of Key Receiver: _____	Date: _____
	Print Name: _____	
	Signature of FSC Representative: _____	Date: _____
Print Name: _____	SR#/WO#: _____	