

## Key Request (JC, SUBI, & HUB only)

<u>Notice</u>: All keys issued are to be returned directly to the Key Control Office to ensure campus safety. The transfer of keys between employees should be reported to our office, with a Key Transfer Form. The copying of university keys is prohibited per Virginia Law Code 18.2-503 and University Policy 48.

Last Name :		First Name :	
Department :		Org. No. :	
G No. :		Work Title :	
Email Address :		Phone No. :	
		Department Head or	
Supervisor :		Dean Name :	
Department Billing		Department Billing	
Representative:		<b>Representative Email:</b>	
<b>Reason for Key Reque</b>	st:		
□New Staff Member	□New Space Ass	ignment $\Box R$	eplace Defective Key
□Lock Change	□Replace Lost K	ey 🗆 C	Other:

I, \_\_\_\_\_(Print Name), understand that I am being entrusted with university key(s). I understand that I am held responsible for the key(s) issued to me. I agree to not share any key(s) issued to me to any other employee, faculty member, staff member, or student. I agree that upon my separation from the university, I will return the key(s) issued to me directly to the Key Control Office.

Signature of	Key Requestor	Date		
Building	Room Number(s)	Key Serial Number & ID(s) Issued (for Key Control staff use)	Initial upon receipt	Pick Up Date
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*Attach additio	onal paper if more space is needed.			

I,\_\_\_\_\_(Print Name), the Authorizing Agent for the requestor's department(click to see the <u>Authorizing Agent list</u>), understand that I am responsible for all the keys issued to and disseminated within my department. The proper management and distribution of internal keys will ensure the safety and security of the university. I understand that I am subject to key inventory audits and must comply with annual audits. I understand that fees will apply for unreturned, or lost keys with additional cost from re-keying the locks.

Signature of Authorizing Agent or Delegate
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Date

Date

Signature of	Authorizing	Agent of Student	Centers

Restricted Key Issuance

Certain keys are restricted such as exterior and master keys. Restricted keys will be issued only upon the recommendation of the respective Dean or Department Head and the approval of the Chief of Police. A clear justification of need must be attached.

Name of Dean and/or Department Head	Name of Chief of Police
Signature of Dean and/or Department Head	Signature of Chief of Police

\*\*For administrative and academic buildings, email requests to keys@gmu.edu. For housing and residents life buildings, email hrllock@gmu.edu.