

Date: _____ Choose One: Staff Faculty Student Other

Empl ID#: _____ Employee Name: _____

Dept #: _____ Dept Name: _____

Is this space currently assigned to your department per Facilities Space Inventory? Yes No - If "no," a space move form is required or the department assigned to the space must authorize the key request.

Reason: Choose One

- New Employee Current Employee Lost Key (make a replacement)** Moving/Changing Offices (Submit a Space Move Form if this is selected)
 Other _____

Building Name	Building #	Room #	Key Code (if known)	Facilities Management Use Only

****Lost keys will be charged to the department at actual cost which will vary based on the type of key lost.**

Lost Key Report form is required to be completed for all lost keys. It is the policy of Facilities Management to issue no more than one key per person for each lock. Rekeying also requires a service request. A campus-wide key inventory will be completed annually. Please provide funding below.

Fund: _____ Dept: _____ Account: _____ Program: _____ Project: _____

Contact Information for Key Pickup:

Name: _____ Phone: _____

E-Mail: _____

All keys issued through this authorization process are considered property of the University.

Requested by:

Requesting Dept Authorization:

Signature _____ Phone _____ Date _____

Printed Name _____

Signature _____ Phone _____ Date _____

Printed Name _____

Funding Use Authorization:

Key Control Official Verification:

Signature _____ Phone _____ Date _____

Printed Name _____

Signature _____ Phone _____ Date _____

Printed Name _____

FM Authorization:

Signature _____ Phone _____ Date _____

Printed Name _____

FM USE ONLY:		
Entered By: _____	Date: _____	WO# _____
Billing Info: # of Keys _____	MC#: _____	Total Billed: _____

Route this completed form to:
Facilities Management- Thorson Maintenance Center
nds.facilitiesmanagement@nds.edu
Phone (701) 231-7911