

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 (Submit a Space Move Form if this is selected) Current Employee Lost Key (complete Lost Key form)**
- 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.**

Comments:

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:

Signature _____ Phone _____ Date _____

Printed Name _____

Funding Use Authorization:

Signature _____ Phone _____ Date _____

Printed Name _____

Key Control Official Verification:

Signature _____ Phone _____ Date _____

Printed Name _____

FM Authorization:

Signature _____ Phone _____ Date _____

Printed Name _____

FM USE ONLY:

Entered By: _____ Date: _____ WO# _____

Billing Info: # of Keys _____ Total Billed: _____

Route this completed form to:

Facilities Management
Thorson Maintenance Center

Secure File Transfer:
https://filetransfer.ndsu.edu/filedrop/ndsu_facilitiesmgmt@ndsu.edu