

## **NEW KEY REQUEST FORM**

(From MSU Key Shop)

W/O #: \_\_\_\_\_

This form must be completed to obtain new keys from the MSU Key Shop. It is the responsibility of the Access Coordinator to complete this form and send it to the Key Shop.

ACCESS COORDINATOR'S NAME: \_\_\_\_\_

ACCESS COORDINATOR'S 9-DIGIT MSU NUMBER: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

### **KEYS REQUESTED:**

	STANDARD KEYS: Building Name	DOOR: Room Number	COPIES: Number Requested	Date Keys Obtained	Key Numbers Received
1					
2					
3					
4					
5					

### **APPROVAL:**

Department Head's Signature: \_\_\_\_\_

Director's Signature (Master, Sub-Master, and Spec Key Requests only): \_\_\_\_\_

Access Coordinator's Signature: \_\_\_\_\_