

Key Request/Replacement Form

[PRINT NEATLY]

Name _____
ID Number

| | | | | | | |
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|--|--|--|--|--|--|--|

 GCTS Mailbox _____
Email _____
Telephone _____

Key(s) to be Issued or Replaced

1 Building _____ Room Number _____ Replaces Lost Key
Quantity _____ Replacement Cost [if applicable] _____ Replaces Damaged Key
 New Issue

2 Building _____ Room Number _____ Replaces Lost Key
Quantity _____ Replacement Cost [if applicable] _____ Replaces Damaged Key
 New Issue

3 Building _____ Room Number _____ Replaces Lost Key
Quantity _____ Replacement Cost [if applicable] _____ Replaces Damaged Key
 New Issue

Total Replacement Cost _____

Financial Services, please credit all key replacement fees to Campus Safety account # 02-7831-5920

----- Faculty Request for Keys for Byingtons /TAs -----

Name of Faculty _____
Office / Room Number _____
Name of Byington /TA _____

Byingtons, Teaching Assistants et al pick up their key from Campus Safety. They must sign a Use of Keys policy statement before being issued any keys. Keys are to be returned to Campus Safety for re-issuing.