|  |
| --- |
| Date Received: |



UW Operations **KEY REQUEST/RETURN FORM**

1000 E. University Ave, Dept 3227

Laramie, WY 82071

Phone 307-766-6225 Fax: 307-766-4040

PART I:

INSTRUCTIONS FOR PART I (completed by department):

1. Complete ALL fields in Part I.
2. Obtain signature of authorizing departmental authority.
3. Forward to the Service Building (SvsDesk@uwyo.edu) or send by Campus Mail. For additional information call 766-6225.

|  |  |  |  |
| --- | --- | --- | --- |
| Request Date: |       | Department: |       |
| Requestor Name: |       | Phone Number: |       |
| Requestor Title: |       | Office Location (Bldg & Room #): |       |

KEY REQUEST DETAIL:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Building | Room # | Key # (if known) | Quantity |
| 1) |       |       |       |       |
| 2) |       |       |       |       |
| 3) |       |       |       |       |
| 4) |       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Deliver key to: |       | Office Location: |       |
|  (name) |  (bldg. and room #) |

AUTHORIZATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Print Name Signature date

PART II: UW Operations Authorization

(Locksmith for Change Key, Deputy Director for Master Key) [ ]  Approved [ ]  Denied

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Print Name Signature date

PART III: Key Delivery
1. Update internal key log.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Key Delivery Date: |  | Received By Initials: |  | Locksmiths Initials: |  |

PART IV: Key Return

INSTRUCTIONS FOR PART IV:

1. Fill out key data below. (Shaded area is to be filled out by UW Operations).

2. Contact Locksmiths at 766-5397 to arrange key pickup.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Building | Room # (if known) | Key #  | Quantity | Key Return Date | Received by Initials: |
| 1) |       |       |       |       |  |  |
| 2) |       |       |       |       |  |  |