

Key Request

mail or drop off completed form to:

Karen Smith, Facilities Management, 1st Floor, MacDonald Hall

Name:

Email: Phone #:

Department:

Status of Applicant

Faculty
 Visiting Faculty/Fellowship
 Staff
 Student
 Graduate/Master Student

Temporary Key Issue
 Expiry Date:
 Student ID #:

Outside Contractor
 Company Name:
 Phone #:

Building Information:

Building Name

Room Type Room #

Room Type Room #

Room Type Room #

Room Type Room #

| Internal Use Only | | | | |
|-------------------|-------|-----------|-----------|-----|
| Hook # | Key # | Contacted | Picked up | TMA |
| Hook # | Key # | Contacted | Picked Up | TMA |
| Hook # | Key # | Contacted | Picked Up | TMA |
| Hook # | Key # | Contacted | Picked Up | TMA |
| Hook # | Key # | Contacted | Picked Up | TMA |

Note:

1. One form per individual
2. Keys remain the property of St.FX University and the applicant is responsible for return of all keys when due
3. Keys **MUST** be signed for and picked up by applicant
4. Applicant will have 10 working days to retrieve keys following contact by Key Control Centre
5. **INCOMPLETE FORMS INCLUDING IMPROPER AUTHORIZATION WILL NOT BE PROCESSED**

Signature at key pick up:

Dept. Head Email:

Approved By (Please Print):

Dept Head Phone #

Signature

Date: