



**FACILITIES MANAGEMENT**  
**Operations and Maintenance**  
**KEY REQUEST FORM**  
 Telephone (410) 951-1234  
 Fax (410) 951-3777  
[WCC@coppin.edu](mailto:WCC@coppin.edu)

**The Office of Facilities Management asks that all key requests be submitted on this form.**  
 Some requests may require additional services that will be the financial responsibility of the requesting department. Submitting this form indicates your department accepts all financial responsibility and has reviewed, understands and agree to adhere to all policies.

Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Department Key Coordinator: \_\_\_\_\_

Issued to: \_\_\_\_\_ Employee's ID Number: \_\_\_\_\_

Building: \_\_\_\_\_ Budget #: \_\_\_\_\_

Description of work required: \_\_\_\_\_

**REASON FOR REQUEST:**

- Faculty   
  Staff   
  Student   
  Lost Key   
  Broken   
  Restock  
 Office Relocation   
  Lock Change   
  Rekey

Room Number	Description/Location	Issue Date	Acknowledgement of Receipt

I acknowledge receipt of the keys designated above and agree not to loan, alter or modify them. I understand that it is my responsibility to return all keys to the Department Key coordinator and/or Central Key coordinator. I understand and agree that violation of this agreement or loss keys may result in disciplinary actions and render me responsible for the expenses of a rekey and /or re-core.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: VP, Dean or Director of Requesting Department

Key Return Date: \_\_\_\_\_  
 Employee: signature: \_\_\_\_\_  
 Room#/Entrance \_\_\_\_\_ Building \_\_\_\_\_ Key # \_\_\_\_\_  
 Office Personnel Initials: \_\_\_\_\_