

Key Control Form

By signing this form, the recipient agrees to notify the Director of Public Safety if the requested/issued key is lost or stolen, and to follow the Mountwest key procedures. **Issued keys are not to be loaned, shared, or duplicated.** Any employee found violating the Mountwest key procedures may be subject to disciplinary action up to and including dismissal.

KEY REQUEST (Please type or Print)

Date: _____

Requester Name _____

Email address _____ ID number 942- _____
(if applicable)

Building requesting keys for _____

Requesting 1 key to Room # _____

Requesting 1 key to Room # _____

Requesting 1 key to Room # _____

Requesting 1 key to Room # _____

Status (check one):

Faculty Staff

Visitor from _____ Expected Date of Key Return

External Contractor from _____ Expected Date of Key Return

Dean or Department Head Signature _____

Requester Signature _____ Date _____

Key Returned Signature _____ Date _____