

# Troy University Key Request Form

Last Name	First Name	Middle Name
Department	Title	Phone Number
Building	Room	Key code
Building	Room	Key code

Account # Number to be Charged for Lost / Stolen / Non-Returned Keys

<b>Purpose For Key Request</b>

## Approvals

Department Chair	_____	
	Full Name (please print)	
Department Chair Approval	_____	Date: _____
	Signature (please sign)	

Dean / Director	_____	
	Full Name (please print)	
Dean / Director Approval	_____	Date: _____
	Signature (please sign)	

Physical Plant Director Approval for Replacement of Lost Keys	_____	Date: _____
	Signature (please sign)	

Grand Master Key Approval	_____	Date: _____
	Full Name (please print)	
Grand Master Key Approval	_____	Date: _____
	Signature (please sign)	

Herbert Reeves for Res-Life Buildings.  
Jim Bookout for all other building.

All key request must go through the Physical Plant

**\*\*\*Note\*\*\*** All keys must be obtained from and returned to the Physical Plant.

**No transfers between individuals will be authorized.**

Recipient Signature:	_____	Date: _____
(To Be Signed When Key(s) are Picked Up)		

Returnee Signature:	_____	Date: _____
(To Be Signed When Key(s) are Returned)		