

**TENNESSEE TECHNOLOGICAL UNIVERSITY
NEW KEY REQUEST FORM**

Any keys issued to the Key Holder must be returned to Facilities once no longer need.

NAME : _____ T# : _____ Date : _____
(First) (Last)

DEPT : _____ INDEX # : _____ EXT # : _____

EMAIL : _____ STATUS : FACULTY STAFF ACTION : New Key Key(s) Lost or Stolen

# of Keys	Building / Room # / Door	No. on Key	For Office Use Only Sequence #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization for Key Request :

 Department Chairperson Signature Date

 Dean or Administrative Officer Signature Date

 Department Chairperson Printed Name Date

 Dean or Administrative Officer Printed Name Date

 Signature of Applicant Indicating Receipt of Keys Date

 AVP of Facilities and Business Services Approval Date