



Key Request Form

R#	<input type="text"/>	eRaider	<input type="text"/>	REQUEST TYPE	
Name	<input type="text"/>			<input type="checkbox"/> New Employee	<input type="checkbox"/> Location Change
Phone #	<input type="text"/>			<input type="checkbox"/> Position Change	<input type="checkbox"/> Lost Key (Fee Required)
Email:	<input type="text"/>			<input type="checkbox"/> Other	_____
Department:	<input type="text"/>				
Current Building & Room#:	<input type="text"/>				

KEY REQUEST DETAIL

Building	<input type="text"/>	Room#	<input type="text"/>
Building	<input type="text"/>	Room#	<input type="text"/>
Building	<input type="text"/>	Room#	<input type="text"/>

Justification for MASTER KEY Request : Request for any Master Level key must be signed by the President or Designee

KEY REQUEST APPROVAL

All parties acknowledge that the key(s) requested are the property of TTUHSCEP and this request and use of the key will be in compliance OP 61.24. Lost keys may incur a fee to have a new key issued. Keys may only be issued to requestor by Facilities and may not be transferred directly to a new user.

The department will be charged for any required re-keying

<input type="text"/>	<input type="text"/>	<input type="text"/>
Requestor Name	Requestor Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department Head Name	Department Head Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
President Lange or Designee Name	President Lange or Designee Signature	Date

PLEASE UPLOAD THE COMPLETED FORM TO **WebTMA Work Order Request**