

UNIVERSITY of
HOUSTON
FACILITIES MANAGEMENT

KEY REQUEST

Please fill out this form **electronically**. You can save data typed into this form. For more info, refer to the [key request authorization guideline](#).

REQUESTER/CERTIFYING SIGNATURE	Key Holder First Name: _____	Position/Title: _____																															
	Key Holder Last Name: _____	Department ID#: _____																															
	Phone Number: _____	Employee ID #: _____																															
	E-mail: _____																																
	Method of Payment (if a cost is incurred): Cash/Check Cost Center #: _____																																
	Is access/key requested for space that is assigned to your department? Yes No																																
	This key request is for: New Issue Replacement Lock Change Additional Copies																																
	Please state reason for request: _____																																
	(*Important: Please indicate if your keys were lost or stolen)																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ff0000; color: white;"> <th rowspan="2">Key Type</th> <th rowspan="2">Room Number</th> <th rowspan="2">Building #</th> <th rowspan="2">Quantity</th> <th colspan="2">KEY CONTROL USE ONLY</th> </tr> <tr style="background-color: #ff0000; color: white;"> <th>Key Number</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Key Type	Room Number	Building #	Quantity	KEY CONTROL USE ONLY		Key Number	Comments																							
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Department Dean/Director or Designee Approval

Approved By: _____	Date: _____
Name: _____	Department: _____
Title: _____	Email: _____

Certifying Signature Approval (Required)

Approved By: _____	Date: _____
Name: _____	Department: _____
Title: _____	Email: _____

Important: Email completed form to csc@central.uh.edu. Incomplete or inaccurate form will delay processing.

KEY CONTROL USE ONLY	By signing below, the person receiving the keys verifies that they have received ALL keys requested in this form.	
	Signature of Key Receiver: _____	Date: _____
	Print Name: _____	
	Signature of FSC Representative: _____	Date: _____
	Print Name: _____	SR#/WO#: _____