



Key Request

- * This key request must be signed for personally by the individual the key is issued to
- * Please submit this form by email to Facilities Management facilities.management@smu.ca
- * To replace lost or stolen keys, a **lost/stolen key/access card report** must be completed prior to issuance of a replacement key. Please attach the report to this form
- * **When your key is ready for pickup, you will be notified by email**

Building	Room #s	Key Code #s	Purpose of Room

Requested for: _____

Position: FT Staff FT Faculty Other (please specify)
 PT Staff PT Faculty _____

Do you need a replacement key?: Yes No

If yes, report completed?: _____

Department: _____

Department Phone #: _____

Contact E mail: _____

Name of signing authority (please print): _____

Title of signing authority (please print): _____

Signature of signing authority: _____

Date for key to be returned (**note: Request form is invalid without return date**):

University Security Authorization: _____ Date: _____

Issued by: _____ Date: _____