

## KEY REQUEST FORM

*(Keys must be requested on the form and emailed to [keyrequest@richmond.edu](mailto:keyrequest@richmond.edu))*

|                                   |        |                                  |
|-----------------------------------|--------|----------------------------------|
| Name:                             | Phone: | Email Address:                   |
| Building:                         |        | Original Key Issue               |
| Room number/Doors(s) Key to Open: |        | Lost Key Replacement             |
|                                   |        | Damaged Key Replacement          |
|                                   |        | Faculty                  Student |
| Person Key Requested For:         |        | Staff                      Other |

Person to Notify When Ready: Phone:

Campus Address:

Approved By Department Head/Director (type name and sign below) Date: Index#

Approved by V.P., AVP, and Dean's (type name and sign below) Date:  
(For Building and Grand Master levels only)

Approved by Paul Lozo Date:

(For Building and Grand Master locks only)

**I acknowledge receipt of the keys designated above. I agree not to allow or contribute to the duplication of these keys. I understand and agree that violation of this agreement may render me responsible for the expenses of a lock change for the affected areas.**

Keys Released To: Date Released:

Lock Shop Use Only: Keys issued

**All Master Keyrings that are assigned to an individual or department are prohibited from leaving campus. All rings are to be secured in a controlled lockbox with a designated keeper within the department.**