KEY REQUEST FORM

(Keys must be requested on the form and emailed to 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: Date: Index#

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