

# 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: \_\_\_\_\_

Index#: \_\_\_\_\_

Approved by Department Head/Director

Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Approved by V.P., AVP, and Dean's  
(For Building and Grand Master levels only)

Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Approved by Exec. Director, Facilities Ops  
(For Building and Grand Master locks only)

Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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.**