



Facilities Use Only
Keymark: _____
Serial #: _____
Date Issued: ___ / ___ / ___

LOST KEY REPLACEMENT REQUEST FORM

Keyholder Info

Check appropriate box: Employee Student Employee

Last Name: _____ First Name: _____

Department: _____ Cost Center: _____

Email: _____ Phone: _____

Replacement Key Access Needed:

Building Name: _____ Room Number: _____

Approver:

- Operator keys must be approved by department head or director.
- Building master keys must be approved by AVP, VP, or Dean.

Print Name: _____ Position: _____

Signature: _____ Date: _____

Key Holder Release Agreement:

I acknowledge receipt of the key(s) listed above. All keys issued by the University of Richmond remain University property and must be used only for authorized purposes.

I am responsible for the proper use and safeguarding of these key(s) and agree not to loan, transfer, or duplicate them.

I understand that all key(s) must be returned to my department head upon separation, transfer, or upon request, and will be returned to the University Lock Shop.

I understand that lost, unreturned, or misused key(s) may result in disciplinary action and/or financial responsibility, including the cost of rekeying or replacing locks.

Print Name: _____ Date: _____

Signature: _____