Attachment 1
Key Request Form

1 KEYHOLDER INFORMATION		
Date:	**Name:**	**Banner ID:** *(Mandatory)*
Person Requiring Access	**Email:**	
	Department:	**Phone:**
	Campus:	**Room:**

2 KEYS REQUESTED				
Campus	**Room Number**	**Reason for access**	**FACILITY SERVICES USE ONLY**	
			Key Code	**Serial Number**

3 AUTHORIZATON		
Managers/Dean/ Director Approval	**Name:**	**Date:**
	Signature:	
Director Security & Emergency Mgmt (needed for GGMK or above ONLY)	**Name:**	**Date:**
	Signature:	
Chief Building & Facilities Officer (needed for GGMK or above ONLY)	**Name:**	**Date:**
	Signature:	
Vice President (needed for GGMK or above ONLY)	**Name:**	**Date:**
	Signature:	

4 RECEIPT and AGREEMENT

By signing below I understand the keys issued to me as Employee, Student, or Management is/are my responsibility, remain as property of Mohawk College and will not be duplicated, loaned or shared, and will be returned to Facility Services when no longer required. I also understand that my Department is responsible for the replacement cost of keys that are lost or stolen, as well as rekeying costs as outlined in the Mohawk College Key Control Policy.

Employee Signature: (SIGN ON RECEIPT OF KEYS ONLY)	**Date:**

Forward this original copy with signatures to Facility Services, Room B101, Fennell Campus or email to maintenance@mohawkcollege.ca .