



**Attachment 1
Key Request Form**

1 KEYHOLDER INFORMATION				
Date:	Name:		Banner ID:(mandatory)	
Person Requiring Access	Email:			
	Department:			
	Campus	Room	Phone	
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 Services	Name:		Date:	
	Signature:			
Chief Building & Facilities Officer	Name:		Date:	
	Signature:			
Vice President (if required as per policy)	Name:		Date:	
	Signature:			
4 RECEIPT and AGREEMENT				
<p><i>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, 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.</i></p>				
Employee Signature: (PLEASE SIGN ON RECEIPT OF KEYS ONLY)			Date:	

Forward this original copy with signatures to Facility Services, Room B101, Fennell Campus.
Do not Fax or Scan (original signatures required). Keys will not be cut for incomplete forms.