



AUGUSTA UNIVERSITY

AUMC Facilities Operations/Police Bureau

Send Lock Shop:
lockshop@augusta.edu

For Key Information Call:
Chassidy Johnson (706-721-9494) or
Merill Hadloc (706-446-5845)

Dept: _____ Date: _____
 Contact Person: _____ Phone #: _____
 Signature of Dept. Head: _____
 Please Print Name of Dept Head: _____

AVP of AUMC Signature: _____
 Note: The signature of AVP of AUMC is only required for Great Grand Master keys.

Reason for Request:

- New Employee Employee Transfer
 Lost Key * Other: _____
 Effective Start Date: _____

Key Holder Information

(Required for each person requesting keys)
PLEASE PRINT NAME:

Name: _____
 AU Empl ID #: _____
 or
 AU Health T/A No: _____
 Office Location: _____ Ext.: _____
 E-mail: _____

Key Information

| BUILDING CODE / NAME | ROOM # OR DESCRIPTION OF LOCATION (I.E. MASTER, COMMON, ETC.) | KEY NUMBER (IF AVAILABLE) | KEY TYPE | QTY |
|----------------------|---|---------------------------|--|-----|
| | | | <input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet | |
| | | | <input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet | |
| | | | <input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet | |
| | | | <input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet | |
| | | | <input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet | |

The Key Holder agrees not to duplicate nor permit duplication of the keys and will not give or loan keys to any other person. The Key Holder is required to pick up and turn in keys to the applicable AU Key Control Office upon termination of employment or transferring to another department.

* If request is to replace a lost or stolen key, public safety must be notified.

LOCK SHOP USE ONLY Do not write in this section.

Bldg. Code: _____ Date: _____

Completed by: _____