



AUGUSTA UNIVERSITY

Facilities Operations/Police Bureau

KEY REQUEST

No.

(to be filled in by Requestor)

Send to Applicable Lock Shop:

AU Health Sciences, BH-210
or FAX 706-721-2139
AU Summerville, CE 2B
or FAX 706-731-7970

For Key Information Contact:

Key Control: Health Sciences - 706-721-6287
Summerville - 706-729-2314
Lock Shop: Health Sciences - 706-721-3638
Summerville - 706-737-1593

Dept: _____

Contact Person: _____ Phone #: _____

Signature of Dept. Head: _____

Signature of Bldg. Coordinator: _____

VP of Facilities Services Signature: _____

Note: The signature of VP of Facilities Services 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: _____