



Key Request Form

Please provide information for the employee RECEIVING keys.

First Name:

Last Name:

UT Southern Personnel #:

Employee Email:

Campus Phone:

Department:

Title:

Employee Type:

☐ Regular ☐ Term

Is this a replacement key?

Yes No

Are keys for you?

☐ Yes No

Supervisor's First Name:

Supervisor's Last Name:

Supervisor's Email:

Building Name

Room Number(s)

Requester Notes:

Requester Signature:

Date:

Supervisor Signature:

Date:

Safety & Security Signature:

Date:

HR Director Signature:

Date: