

KEYS REQUEST FORM

Carefully read over the agreement outlined in this form. All key request form must be approved by the ***Manager of your department***. Please complete one form per person per key and submit to the Department of Safety and Security.

Name of person key(s) is being issued to: _____ Date: _____

Key recipient's work phone: _____ Campus Address: _____

Key recipient's department: _____ Key recipient's job title: _____

Key recipient's e-mail address: _____

Recipient is (check one): _____ Faculty _____ Staff _____ Student

Building key is issued for: _____ Date key is needed: _____

Room name and number key is to be issued for: _____ Number keys requested: ____

This requisition is being filed to obtain:

_____ New Key

_____ Replacement for (check one of the following):

_____ *Lost key(s) _____ *Stolen key Broken key _____ *Broken Key

(Old key must be attached to obtain new key.)

Department Manager Signature _____ Person Key is issued to _____

***Lost or stolen keys are subject to a charge for the replacement of those items and possible recording costs.** **With my signature below, I request the described key to be issued to me. I understand this key is the property of Mercy College and its loss will be reported immediately to campus security. By accepting this key I acknowledge my responsibility for all property and/or records secured by the lock operated by this key. I agree to accept all financial responsibilities associated with replacing coinciding keys and locks should this key be lost. I will not duplicate or transfer this key to any other person and will surrender it to the Office of Safety and Security when I no longer have a need for the key or end my employment at the university. I agree to abide by the university's policy and procedures.

For Office use only

Key Code: _____

Completed by: _____

Date Submitted: _____

Date Completed: _____

Please fax or mail completed form to Security and Safety (fax # 914-674-3099)