



REQUEST FOR KEYS OR CHANGE IN KEY RECORD

Submit a separate request per person

Please Print or Type Form Completely
Email forms to uaa_facilitymaint@alaska.edu

Request for (check one)

New key(s) Reissue of lost or stolen key(s)
 Transfer Reissue of bent or broken key(s)

Date _____ Org/Fund _____
 Key(s) issued to _____ Department _____
 Employee ID _____ Number to call for pickup _____

Interior Room Key(s) **Cabinet/Desk Key(s) - numbers can be found on the face of the key, or on the lock**

Building	Room	Match key # if known

Dean or department head approval

Print _____
 Signature _____
 Date _____

Department Master - unlocks all interior doors within department

Building Key (check one) - requires signature from the building manager

Exterior Key - unlocks exterior door
 Building Master - unlocks all exterior and interior doors

Reason for key

Building manager's approval

Print _____
 Signature _____
 Date _____

Campus Master - requires approval from Facilities Maintenance and Operations

Campus Master

Facilities approval Approved Not Approved

Print _____ Signature _____ Date _____

Transferred or returned keys

Transfer - Interior keys require dean or department head signature.
Building master requires signature from building manager.
 CAMPUS MASTERS ARE TO BE RETURNED TO FACILITIES.

Return

To _____
 From _____
 Key #'s _____

Building manager's approval

Print _____
 Signature _____
 Date _____

KEYS RECEIVED BY

All keys issued are property of the University of Alaska Anchorage. When keys are no longer needed or employment is terminated, all keys must be returned ONLY to FCS. To recore door locks a service request must be submitted to FCS. Any keys issued as a result of a recore must submit a key request form.

Print _____
 Signature _____
 Date _____

OFFICE USE ONLY

Locksmith _____

Key# _____ Key # _____

Door _____ X \$5.00 = _____
 Cabinet _____ X \$3.00 = _____
 Total = _____

Billed by _____

F&CS Key Request Procedure

***Check one - New key, Transfer, Reissue of lost, Reissue of bent/broken**

Section I-

- 1. Date of the request**
- 2. Key(s) issued to (person who the keys are for)**
- 3. Employee ID#**
- 4. Org/Fund #**
- 5. Department name**
- 6. Phone number for key pickup**

Section II-

- 1. Interior Room Keys – building, room#, key # if you know it**
- 2. Cabinet/Desk Keys – key number on the lock on the desk or cabinet**
- 3. Dean/Department head approval. Request will be rejected if missing signature.**

Section III-

- 1. Exterior building or Building master**
- 2. Reason for the key**
- 3. Dean/Department head approval**
- 4. Building manager approval. Request will be rejected if missing signature.**

Section IV-

- 1. Campus Master**
- 2. Request for contractor keys – provide project manager, contractor name, duration of contract**
- 3. Facilities director approval.**

Section V-

- 1. Transfer or return of keys**
- 2. Who are keys transferred to**
- 3. Who are the keys transferred from**
- 4. Supply the key #'s (front and back)**
- 5. Dean/Department head approval for interior key transfers**
- 6. Building manager approval for exterior key transfer**
- 7. CAMPUS MASTER KEYS ARE TO BE RETURNED DIRECTLY TO FACILITIES BY DEPARTMENT HEAD WHEN NO LONGER NEEDED OR UPON TERMINATION**

Section VI-

- 1. Keys received by – who is assigned the keys**