



Official Requesting and Authorizing Issuance of Key:

Current Date: _____ Banner #: _____

Name: _____ 800#: _____

Email: _____ Phone #: _____

Department: _____ College: _____

Department Address: _____

Department Head: _____

My signature below affirms that I am authorized to request issuance of the key to the applicant identified below and that I agree to the following:

1. I have read and understand the WKU Key Policy and Procedures.
2. The key will be for the purpose of conducting University business only.
3. The key will be used only for official duties.
4. It is the responsibility of the Department Head and/or myself to ensure that keys are issued and returned based on the Key Policy and Procedures stated herein.
5. **If the applicant cannot produce the key(s) after being asked to surrender the key, the Department will be charged for the loss as outlined on the Key Policy and Procedures Department Key/Core Cost Data and Examples page.**

Signature of Authorizing Official / Date

Signature of Department Head / Date

Applicant / Proposed Key Holder:

Applicants Name: _____

800#: _____ Phone #: _____

Home Department: _____ Date of Employment: _____

Applicant's Email Address: _____

Status of Applicant (check all that apply):

Student _____ Employee: Fulltime _____ Part time _____

Requesting keys for _____ position.

Applicant Agreement: My signature below affirms that I agree to the following:

1. I have been issued the key(s) listed on the lower portion of this form.
2. I have read, understand and will abide by the WKU Key Policy and Procedures.
3. The key will be for the purpose of conducting University business only.
4. The key will be used only for official duties.
5. I will maintain the key in my possession at all times.
6. If I am currently a student at WKU, I understand that failure to return issued keys will result in my being responsible for loss charges and a hold will be placed on my record that will preclude me from obtaining an official transcript, receiving a degree.

Signature of Applicant (**sign at pick-up**)

Date

Building	Room/Door	Core Mark	Ser #

If key also operates doors in areas under the direct control of another Department(s) the authorized agent for the Department(s) must also sign before a key will be issued.

Approved-Signature of Access Control **Date**

INSTRUCTIONS: Use additional forms if necessary. Complete Building, Room and Core Mark (if known) and return to Access Control via Campus Mail. All keys must be picked up in person. Please allow 3 days for cutting keys. If you have any questions, please call 745-5050.

Keys will be returned by _____