

TENNESSEE TECHNOLOGICAL UNIVERSITY  
NEW KEY REQUEST

Please print or type. You may fill in form on screen and print to obtain signatures.

Date:

Name: (Last) (First) (MI) Emp. ID#

Department: Account No: Box No: Ph No:

Status: Faculty Staff Action: Key Request Key(s) Returned  
Student Other Key(s) Lost or Stolen (Documentation Attached)

No. of Keys      Building      Room(s)/Door(s)      No on Key      For Office Use Only

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**Authorization for Key Request:**

\_\_\_\_\_  
Departmental Chairperson      Date

\_\_\_\_\_  
Dean or Administrative Officer      Date

\_\_\_\_\_  
Signature of Applicant indicating receipt of key(s)      Date

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**Signature for Key Return to Facilities & Business Services:**

\_\_\_\_\_  
Signature of Applicant indicating return of keys listed above      Date

\_\_\_\_\_  
Dean or Administrative Officer      Date

Upon completion of this form, send to Facilities, Box 5041. Report lost or stolen keys to University Police.