UNIVERSITY of HOUSTON
FACILITIES MANAGEMENT

KEY REQUEST

REQUESTER/CERTIFYING SIGNATURE

Key Holder First Name: _____   Position/Title: _____

Key Holder Last Name: _____   Department ID#: _____

Phone Number: _____   Employee ID #: _____

E-mail: _____

Method of Payment (*if a cost is incurred*):   Cash/Check   Cost Center #: _____

Is access/key requested for space that is assigned to your department?   Yes   No

This key request is for: New Issue   Replacement   Lock Change   Additional Copies

Please state reason for request:

*(**Important**: Please indicate if your keys were **lost or stolen**)*

Key Type	Room Number	Building #	Quantity	KEY CONTROL USE ONLY	
				Key Number	**Comments**

Department Dean/Director or Designee Approval

Approved By: _____   **Date:** _____

Name: _____   **Department:** _____

Title: _____   **Email:** _____

Certifying Signature Approval *(Required)*

Approved By: _____   **Date:** _____

Name: _____   **Department:** _____

Title: _____   **Email:** _____

Important: Email completed form to csc@central.uh.edu. Incomplete or inaccurate form will delay processing.

KEY CONTROL USE ONLY

By signing below, the person receiving the keys verifies that they have received ALL keys requested in this form.

Signature of Key Receiver: _____   **Date:** _____

Print Name: _____

Signature of FSC Representative: _____   **Date:** _____

Print Name: _____   **SR#/WO#:** _____

Access Control Shop • 4211 Elgin St., Room 168 • Houston, TX 77204 • 713-743-5763