



# Saint Mary's University

## Key Request

\* This key request must be signed for personally by the individual the key is issued to

\* Please submit this form by email to Facilities Management - [facilities.management@smu.ca](mailto:facilities.management@smu.ca)

\* To replace lost or stolen keys, a **lost/stolen key/access card report** must be completed prior to issuance of a replacement key. Please attach the report to this form

\* **When your key is ready for pickup, you will be notified by email**

Building	Room #'s	Key Code #'s	Purpose of Room

### Requested for:

\_\_\_\_\_

Position:  FT Staff     FT Faculty     Other (please specify)

PT Staff     PT Faculty    \_\_\_\_\_

Do you need a replacement key? :     Yes     No

If yes, report completed?: \_\_\_\_\_

Department: \_\_\_\_\_

Department Phone #: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Name of signing authority (please print): \_\_\_\_\_

Title of signing authority (please print): \_\_\_\_\_

Signature of signing authority: \_\_\_\_\_

Date for key to be returned (**note: Request form is invalid without return date**): \_\_\_\_\_

### Key Pickup Confirmation

University Security Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_