

Key Request Form

	FOR OFFICE USE ONLY				
Key Is:	sued:	Ledger			
		Computer			
Key Re	turned:	Ledger			
		Computer			

Requester Information:				Key Returned:	Ledger
Name:					
Position Title:			Department:		
Campus Phone #:					
Home Address:					
			Home Phone	* #	
Key(s) Requested:					
			<u>Remarks</u>		
Approval of Key Request					
Signature of Approving S	pervisor			Date	
Signature of Sr. Administ	ator		_		
Permanent Issue:	X Tem	porary Issue:		Expires	
Signature of Director of P	ıblic Safety		_	Date	

THE FOLLOWING TO BE COMPLETED WHEN KEY(S) ARE ISSUED University of the Ozarks Key Agreement

I hereby acknowledge receipt of the key(s) described below with my signature.

I promise and agree not to duplicate or have duplicated the key(s) issued to me.

I promise and agree to return the key(s) to the issuing office upon demand or when my need for said key(s) no longer exists. I further agree that if said key(s) is/are lost or otherwise not available for return, I will report the loss to the Business Office immediately and will pay to the issuing office the sum of \$40.00 per key.

Key	Signature	Date	Issued		Received
Number	Signature	Issued	By	Returned	By

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