

**THE UNIVERSITY OF TENNESSEE, KNOXVILLE
LOCK & KEY SERVICES**

KEY REQUEST FORM

Please Type or Print

| | |
|--------------------------------------|--|
| DATE: _____ | REQUEST APPLIES TO: |
| UT ID NUMBER: _____ | <input type="checkbox"/> Faculty <input type="checkbox"/> Standard Key |
| | <input type="checkbox"/> Staff <input type="checkbox"/> Master |
| | <input type="checkbox"/> Student <input type="checkbox"/> Submaster |
| NAME: _____ | Campus Phone: _____ |
| TITLE/POSITION/CLASSIFICATION: _____ | |

| | | |
|------------------------|--------------------|--------------------------|
| <u>BUILDING</u> | <u>ROOM</u> | <u>DEPARTMENT</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Justification: _____

"I agree that this key shall be promptly returned to the Key Shop upon my departure from the University or when its use is no longer required in connection with University duties.

I further agree that I shall not permit copies of the key to be made or permit any unauthorized use of the key by others."

| |
|--------------------------|
| KEY SHOP USE ONLY |
| Received By: _____ |
| Date Issued: _____ |

Applicant's Signature

Supervisor's Signature

Dean or Directors Signature