



**Oregon
Institute
of Technology**

KEY REQUEST

Date: _____

To: Facilities Services

From: _____
Director/Department Chair

Employee: _____
Name

Faculty Staff Student Other

Reason for request:

Building	Room No.	Key No.

All key requests MUST be signed by either the Provost or Vice President.

Provost/Vice President's Signature

Date

The undersigned agrees to OIT's Key Policy, to report lost or stolen keys to Campus Safety, and upon termination of employment agrees to return keys to the Office of Human Resources. The undersigned accepts the Schedule of Charges for lost or unreturned keys as stated in policy, OIT 50-001.

Key Holder's Signature

Date