

**ELIZABETH CITY STATE UNIVERSITY  
 Request for Keys/Change of Locks Form**

**Instructions:**

1. Please submit this form to request keys, return keys, change locks, or to report lost or stolen keys.
2. Forward completed form with required signatures to the Director for Facilities Management.
3. Keys may only be given to the individuals who submit the request.

**Please Print or Type All Information**

Name of Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for Key Request**

**Department/Dormitory Information**

<input type="checkbox"/> New Employee <input type="checkbox"/> Return of Key(s) <input type="checkbox"/> Change of Lock (Please list reason below*) <input type="checkbox"/> Lost Key(s) ** <input type="checkbox"/> Other _____	Name _____ Department _____ School/Division _____ Account to be charged _____ Signature of requestor*** _____
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Lost key reported to Campus Police\*\*

\*\*\*By signing, the signatory agrees to abide by the ECSU Key Control Policy.

(Initials of Director of Public Safety)

\*Reason \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Building	Room Number

**Authorization Signatures**

Approved by Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approved by Department Head/Dean \_\_\_\_\_ Date \_\_\_\_\_

Master Keys \_\_\_\_\_ Date \_\_\_\_\_

*(Requires Approval of Vice Chancellor)*

Grand Master Keys \_\_\_\_\_ Date \_\_\_\_\_

*(Requires Approval of University Chancellor)*

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**(To be completed by Facilities Management Department)**

Cost Assessed \$ \_\_\_\_\_ Work Order Number \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Director for Facilities Management \_\_\_\_\_ / \_\_\_\_\_  
 (Printed Name) (Signature)