



**GRAYS HARBOR
COLLEGE**

KEY REQUEST FORM

PLEASE PRINT:

Last Name _____ First Name _____ Initial _____

Address _____

Home/Cellular Phone No. _____ Work Phone No. _____

Department _____

KEY(S) REQUESTED:

Building(s)/Room(s)/Area(s) Employee Needs Access (**be specific**) _____

Date of Request _____ Date for Key(s) Return _____

Requested by_ (Print) _____ Signature _____

Division Chair/Supervisor - **Signature Required**

Approved by_ (Print) _____ Signature _____

Department Administrator - **Signature Required**

Please return completed form (with required signatures) to Campus Operations (Room 2325) or Safety/Security Office (Room 2323)

To be filled out by Campus Operations:

Key(s) Issued _____

Lockset Code _____

Miscellaneous Key(s) _____

Date Issued _____ Issued by _____

Date Returned _____ Received by _____

I understand that any key(s) issued to me are the property of Grays Harbor College and must be returned when no longer employed at the college or as requested by my supervisor or the director of safety and security.

Signature (must be signed when key(s) are issued)

Date