

Date: _____



KEY REQUEST FORM

Facilities - PO Box 1101, Richlands, VA 24641

Requested by: _____

Employment Status: Full Time Part Time Other

Request Access to (building/room number(s): _____

Reason: _____

Supervisor: _____ Date: _____

Div.Dept. Head: _____ Date: _____

VP/President: _____ Date: _____

I _____ have received the above requested key(s). I understand that keys issued by the College are not to be copied or loaned. In the event any of the keys issued to me are lost or stolen, I understand that I am to notify the Facilities Department immediately. Upon separation of employment, I understand that all keys issued to me by the College are to be returned to the Facilities Department.

_____ Date: _____
Signature of person receiving key(s)

All keys issued to the above named person have been returned to the Facilities Department.

_____ Date: _____
Signature of Department Official

Comments: