



**Southwest**  
Virginia Community College  
Inspire • Transform • Strengthen

## KEY REQUEST FORM

**Campus Police - PO Box 1101, Richlands, VA 24641**

Name of Employee Receiving Key: \_\_\_\_\_

Date: \_\_\_\_\_

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 Campus Police immediately. Upon separation of employment, I understand that all keys issued to me by the College are to be returned to Campus Police.*

\_\_\_\_\_  
Signature of person receiving key(s)

Date: \_\_\_\_\_

All keys issued to the above named person have been returned to Campus Police.

\_\_\_\_\_  
Signature of Department Official

Date: \_\_\_\_\_

Comments: