

WPU Key Request Form

Requestor Information:

Contact Person _____ Ext _____ Date _____

Department _____ Department Number _____

Type of key needed

- | | | |
|-----------------------------|--------------------------|---|
| Individual Room | <i>Required Approval</i> | <i>Department Chair or Department Head</i> |
| Department Entrance | <i>Required Approval</i> | <i>Dean or Director</i> |
| Department Submaster | <i>Required Approval</i> | <i>Dean or Director</i> |
| Building Entrance | <i>Required Approval</i> | <i>Dean or Director and Area Vice President and Director of Campus Safety</i> |
| Building Master | <i>Required Approval</i> | <i>Dean or Director and Area Vice President and Director of Campus Safety</i> |

Print Name of Key Holder	WPU ID	Please List Each Door	Office Use Only

Department Chair or Department Head

Print or Type Name *Signature* *Date*

Dean or Director

Print or Type Name *Signature* *Date*

*If you are requesting a **Building Master** or a **Building Entrance** key the following additional signatures are needed:*

Area Vice President _____ *Signature* Date _____

Campus Safety Director _____ *Signature* Date _____