



**OFFICE OF FACILITIES OPERATIONS
KEY REQUEST FORM**

Please note: This form must be approved by the DEPARTMENT ADMINISTRATOR, the ACADEMIC ADMINISTRATOR, or the DEPARTMENT HEAD

PART I KEY REQUEST - complete for all key requests (i.e., office/room key, storage room keys, etc.)

1.

Building Name	Door #	Key #	Quantity

3.

Building Name	Door #	Key #	Quantity

2.

Building Name	Door #	Key #	Quantity

4.

Building Name	Door #	Key #	Quantity

Requested by: _____
 Print Name Extension

Approved by: _____
 Signature Date

Account # _____
 (Charge: \$3.50 per key copy plus 1/2 hour minimum locksmith labor charge)

PART II MASTER/RESTRICTED ACCESS KEY REQUESTS - complete only when requesting master keys or keys to restricted areas

Dean or Vice President's Approval

 Signature Date

PART III KEY RELEASE- To be signed at time of pick up in the Facilities office, 160 Benefit St. (RISD ID required) I accept receipt of the above key(s). Please note: Keys will not be released to student employees.

 Print Name Title

 Signature Date

Lost or stolen keys must be reported immediately to Public Safety at 401-454-6376

All keys remain the property of RISD and MAY NOT BE COPIED OR TRANSFERRED to any other employee. Keys must be returned to the Department's Administrator. All expenses for keys not returned will be assigned to the appropriate department.

**AFTER OBTAINING NECESSARY SIGNATURES ON THIS FORM, PLEASE EMAIL TO FACILITIES@RISD.EDU.
KEYS NOT PICKED UP WITHIN 30 DAYS OF COMPLETION WILL BE DESTROYED.
THE KEY COPY CHARGE ASSOCIATED WITH THE ORDER WILL STILL BE CHARGED.**