

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 reques	its (i.	e., office/roo	om key, storage	e room keys, etc.)	
1.					3.				
••	Building Name	Door #	Key#	Quantity		Building Name	Door #	Key#	Quantity
2.					4.				
	Building Name	Door #	Key#	Quantity		Building Name	Door #	Key#	Quantity
	Reques	sted by:							
	Print Name							Extension	
Approved by: Signature Date								Data	
Account # (Charge: \$3.50 per key copy plus ½ 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							Title	
	Signature							Date	
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.