

## **KEY REQUEST FORM**

| DATE:                                                       |                                                    |
|-------------------------------------------------------------|----------------------------------------------------|
| CAMPUS: DEP                                                 | ARTMENT:                                           |
| BUILDING:                                                   | OFFICE/ROOM #:                                     |
| PERSON NEEDING KEY:                                         |                                                    |
| EMAIL/PHONE #:                                              |                                                    |
| APPROV                                                      | ALS                                                |
|                                                             |                                                    |
| Department Chair/Director's Signature                       | Date                                               |
| Director of Facilities Management Signature                 | <br>Date                                           |
| FOR LOCK SHOP                                               | USE ONLY                                           |
| KEY SERIES #:                                               | KEY ID#                                            |
| LOCKSMITH SIGNATURE                                         | <br>DATE                                           |
| KEY RECEIVED BY                                             | DATE                                               |
| NOTE: After obtaining your department chair/director's sign | ature please forward the signed form to Facilities |

Management. Once the Facilities Management Director's signature, please forward the signed form to Facilities Management. Once the Facilities Management Director has approved your key request, the form will be forwarded to the locksmith. You will be notified once your key is made. Should you have any questions, please do not hesitate to contact the Department of Facilities Management at (662) 246-6441.

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Waunita Roberts Jones, Director of Human Resources, Stauffer-Wood Administration Building, Suite 144, Office 145, P. O. Box 668, Moorhead, MS 38761, 662-246-6309; EEOC@msdelta.edu.