

KEY REQUEST FORM

ISSUED TO: _____

EMAIL: _____

KEY(S) REQUESTED: _____

By submitting this form, I accept responsibility for the key issued to me and will return it upon request or at the time I leave the Loyola University Chicago. I understand that failure to return the key when requested or when I leave the University may result in a key charge deducted from my final paycheck or a hold on my final transcript. I further agree not to duplicate or lend the key, and to report loss of a key immediately to my department's key manager. I understand I may be charged a lost key fee.

DATE: _____

Recipient Signature _____ Student Worker? Y/N

Approver's Signature _____

(Manager or above for non-master key, Director or above for master or sub-master key)

Internal Use Only: Date requested _____