



Facilities Department
Key Request Form
Phone: 304-367-4110

Keys must be requested on the form and emailed to: Facilities@fairmontstate.edu

Name _____ Phone: _____

Email: _____

Org: _____

Building: _____

- Original Key Request
- Lost Key Replacement
- Damaged Key Replacement

Room Number/Door(s) Key to Open:

- Faculty
- Staff
- Student
- Other _____

Individual Key Requested For:

Individual to Notify When Ready: _____ Phone: _____

Campus Address: _____

Approved by Department Supervisor: _____ Date: _____

I acknowledge receipt of the keys designated above. I agree not to allow or contribute to the duplication of these keys. I understand it is my responsibility to return this key to the University upon completion and/or termination of employment. I understand that it is my responsibility to report any lost or stolen keys to the University immediately. I understand and agree that violation of this agreement may render me responsible for the expenses of a lock change for the affected areas.

Keys Released To: _____ Date: _____