

KEY REQUEST

PLEASE TYPE OR PRINT CLEARLY

Keys will only be issued when this Key Request is received with the proper **original** approval signatures. This request must be completed in its entirety, ensuring the building name and room number for each key requested is clearly indicated below. Deans/Department Heads must initial by each key requested and sign the bottom of the form. The completed form **must be** emailed to workorder@louisiana.edu. Facility Management will respond to the requestor with the required key deposit amount due (payable at the Departmental Cashiers window located in the Student Cashier Center in the Student Union) and pickup date and time. A valid ULID card; this key request, stamped by Departmental Cashiers (confirming key deposit has been paid); and signature for the key(s) received will be required for key release.

REQUESTOR/APPLICANT CONTACT INFORMATION:

Date of Request _____ Requestor Name _____
 Requestor ULID _____ Requestor Email _____
 Requestor Dept _____
 Status of Requestor ☐ Faculty ☐ Staff ☐ Graduate Student ☐ Other _____

KEYS REQUESTED:

BUILDING NAME	ROOM NUMBER	APPROVAL INITIALS ¹	KEY NUMBER (Completed by Facility Mgmt)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹ Dean/Department Head must initial beside each key being requested.

APPROVALS: (Please sign, date, and print name).

 Signature of Department Head/Dean/Director Date Printed Name of Department Head/Dean/Director

SIGNATURE OF REQUESTOR/APPLICANT: (signed at the time of key(s) issuance)

I certify that I have received the key(s) described herein. I have read and agree to the [Conditions of Issuance](#) as stipulated on the Facility Management website.

 Signature of Requestor/Applicant Date

UL LAFAYETTE OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

FUND	ORG	ACCOUNT	PRGM	ACTIVITY	DESCRIPTION	AMOUNT
1000		260104				

**DEPOSIT
RECEIPT
STAMP:**