TENNESSEE STATE UNIVERSITY KEY REQUEST FORM PLEASE PRINT OR TYPE

REQUESTOR INFORMATION (REQUIRED):				
(PRINT NAME) LAST NAME:		FIRST NAME:		
MIDDLE INITIAL: EMAIL ADDRESS:		PHONE #:		
EMPLOYEE TYPE: □CONTRACTOR FOAP#:	□ FULLTIME □ PA	ART TIME		
NOTE: COST OF ALL MATERIALS AND LABOR AR	E CHARGED TO THE	APPROPRIATE ACCOU	INT NUMBER	
BUILDING:				
SUITE AND ROOM #(s):				
SELECT KEY TYPE: ☐ REGULAR	☐ SUB-MASTER	☐ MASTER KEY		
REQUESTOR RELATIONSHIP: ☐ FACULTY	□STAFF	☐ ADMINISTRATOR	\square GRADUATE ASSIS.	
REASON FOR KEY REQUEST: ☐ NEW ISSUE	□BROKEN	LOST	□THEFT	
(BROKEN, LOST, AND STOLEN KEYS REQUIRE A F	POLICE REPORT OR A	A RETURNED KEY BEFO	ORE ANOTHER IS ISSU	ED)
TEMPORARY ISSUE: (SPECIFY TERM):	_ CONTE	RACTOR □OTHER:		
SIGNATURES: REQUESTOR (PRINT AND SIGN NAME)	BE RETURNED UPO	N RESIGNATION/TERN	EXTENSION	DATE
APPROVAL:				
SUPERVISOR (PRINT AND SIGN NAME) APPROVAL:			EXTENSION	DATE
DIRECTOR / DEPARTMENT HEAD (PRINT AND SIGN NAME) APPROVAL:			EXTENSION	DATE
ASSISTANT VICE PRESIDENT OF OPS (SIGNATURE REQUIRED FOR SUB-MASTER) APPROVAL:			DATE	
VICE PRESIDENT (SIGNATURE REQUIRED F		•	DATE EOUIRE PRESIDENTIA	L APPROVAL.
REQUESTOR, LEAVE BELOW				
APPROVAL:				
OPERATIONS BUILDING ACCESS COORDINATOR (PRINT AND SIGN NAME)			EXTENSION	DATE
NUMBER OF KEYS:			TOTAL COST	
KEY CODES AND SERIAL NUMBERS:				
RECIPIENT OF KEY(S):				
<u> </u>	IT AND SIGN NAME)		EVTENSION	DATE