

Last Name:	First Name:
SIUE ID No:	Personnel Class:
Department Name:	Charge to BP Acct. #:
<input type="radio"/> Issue New Key      Bldg: _____  Key Code: _____ Room#: _____	<input type="radio"/> Transfer Key From: Name: _____  Key Code: _____ SN: _____
VCA Approval (Bldg. & Campus Masters)      Date	Fiscal Officer Signature      Date
Signature of Person Receiving Key _____ Date _____ My signature verifies that I have read and understand the rights and responsibilities of key usage as stated in the SIUE Key and Lock Policy located at <a href="http://siue.edu/policies/6f2">siue.edu/policies/6f2</a> .	

SOUTHERN ILLINOIS UNIVERSITY  
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**Key Request Form**

**Key Control Use Only**

Key Control Use Only    Key Control Use Only    Key Control Use Only    Key Control Use Only    Key Control Use Only    Key Control Use Only