Key Warden Access Request

R# ______________________ eRaider: ______________________

Name: ______________________
Phone #: ______________________
Email: ______________________
Department: ______________________

Key Warden Request Detail

Building ______________________ Area ______________________

Justification for MASTER KEY Access: Request for any Master Level key must be signed by the President or Designee

Duration ______________________

KEY WARDEN REQUEST APPROVAL

All parties acknowledge that they have reviewed OP 61.24, and are familiar with the access to keys in the Key Warden. *The department will be charged for any required re-keying*

Requestor Name ______________________ Requestor Signature ______________________ Date

Department Head Name ______________________ Department Head Signature ______________________ Date

President Lange or Designee Name ______________________ President Lange or Designee Signature ______________________ Date

KEY WARDEN ACCESS SET UP

Verified by: ______________________ Key Warden Location: ______________________
Date: ______________________ Access: ______________________
Configured by: ______________________

KEY WARDEN ACCESS CANCELLATION

Access Removed by: ______________________ Reason: ______________________
Date: ______________________

PLEASE RETURN THE COMPLETED FORM TO: KeysElp@ttuhsc.edu