FACILITIES PLANNING & MANAGEMENT
EASTERN ILLINOIS UNIVERSITY™

KEY REQUEST FORM

☐ By checking this box you agree to the terms and conditions of the policy stated in **IGP#167**.

KEYHOLDER NAME

E#

DEPARTMENT / AUTHORIZED SIGNATURE

PHONE NUMBER

SECONDARY SIGNATURE (IF NECESSARY)

Click in the signature field above to create your digital approval. Upon signing you will be prompted to save a copy of the form for your records. If you have not used digital signature before use the document, setting up your Adobe Digital Signature/Approval.

KEY CODE	**KEYWAY**	**BLDG / FLOOR / ROOM #** (OPTIONAL)

ADDITIONAL COMMENTS

KEYS RECEIVED BY

DATE

FOR OFFICE USE ONLY

WORK ORDER #

NOTES: