

**MASSBAY COMMUNITY COLLEGE  
KEY REQUEST FORM**

**PART 1**

**Request Key for: Name**

**Title:**

**Dept:**

**Campus:**

**Room/Bldg:**

**Key #(if known):**

**Brief Purpose: (ie: room, file cabinet, and/or area #, reason needed, etc. Replacement keys must include explanation of circumstances necessitating replacement.)**

**Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**PART 2**

**Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_**

**PART 3**

**\*\*Vice President/Provost Approval: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*\* This is required for the issuance of a Grand Master or Sub-Grand Master**

**PART 4**

**Key # \_\_\_\_\_ Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_**

**PART 5**

Keys are the property of Massachusetts Bay Community College, they shall not be duplicated or transferred by any party other than the College's Facilities Director, or designee. The College reserves the right to change locks and/or keys at any time with advance notification to key holders. Lost keys must be reported immediately to Campus Police and the Facilities Dept. Upon termination of employment with the College I agree to return all keys that have been issued to me.

I have read and understand the above statements and agree to adhere to the above conditions.

**Key received by: \_\_\_\_\_ Date: \_\_\_\_\_**

**GENERAL INSTRUCTIONS:** Person requesting a key shall complete Part 1 section of form denoting what key is needed (key # is very helpful if available) and information sufficient to verify the need appropriateness. Part 2 must be approved by the Administrator supervising the requesting party. Part 3 must be approved by a Vice President for issuance of a GM. Part 4 will be completed by the Facilities Department. Part 5 must be signed by the requester when the key is delivered. A copy of this form will be placed in the requester's personnel file.

**Entered into Database (By/Date): \_\_\_\_\_**

**Date Key Returned: \_\_\_\_\_ Received by: \_\_\_\_\_**