HAMPShIRE COLLEGE KEY REQUEST FORM

Name of person making request ________________________________________
please print

Dept. __________________________________ Position _________________________

I request that the above person be issued a key (s) to open

<table>
<thead>
<tr>
<th>Number of Key(s)</th>
<th>Building</th>
<th>Door No.</th>
<th>Key No.</th>
<th>Core No.</th>
<th>Blank letter</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Department Head/Budget Manager _______________________________________
please print

Phone Ext. _______ Email address ____________________________
Position __________________ Date:______________________________

Signature ____________________________________________________________

Reason for Request _________________________________________________

---------------------------------------------------------------------

If the quantity is more than one (1), you must write the names of the
individuals who will be receiving the keys:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Your will be notified when keys are available for pick up at Facilities & Grounds
Please note that keys can not be mailed and a signature will be required at pickup

The above named person has been issued:

Signature of person, if different from requestor (please print below) Date:

PLEASE PRINT NAME

SIGNATURE

PP Initial Date:

This completed form can be faxed to 5662

If you have any questions, please call x5655