

**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

Number of Key(s)	Building	Door No.	Key No.	Core No.	Blank letter

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

<b>The above named person has been issued:</b>	
<b>Signature of person, if different from requestor (please print below)</b>	<b>Date:</b>
<b>PLEASE PRINT NAME</b>	
<b>SIGNATURE</b>	
<b>PP Initial</b>	<b>Date:</b>

This completed form can be be faxed to 5662

If you have any questions, please call x5655