

**SAVANNAH STATE UNIVERSITY
STATE COLLEGE BRANCH
SAVANNAH, GEORGIA 31404**

REQUEST FOR KEYS

**DEPARTMENT OF PHYSICAL PLANT
P. O. BOX 20599
SAVANNAH, GEORGIA 31404**

NAME _____ TELEPHONE _____
(print or type)

DEPARTMENT _____ DATE _____

RECORD OF KEYS REQUESTED:

BUILDING	ROOM NUMBER	KEY NUMBER	SIGNATURE OF RECIPIENT

The undersigned, by accepting the above listed key(s) hereby agrees to take diligent care and promptly report any loss thereof. I further agree to not give possession of said key(s) to any other person nor cause or allow any copies to be made of such key. I understand that I am financially responsible for the keys in the event of loss or theft. I must return all keys or receipts indicating payment for missing keys upon separation of employment.

Signature of Director Dept. Head

Key Control Clerk

APPROVED: _____
Vice President for Business & Finance

Vice President for Academic Affairs

President

***ALL** requests for master keys and building entrance keys must be approved by President.

***NOTE: ENTRANCE KEYS WILL NOT BE ISSUED TO DEPARTMENTS. BUILDING SECURITY WILL OPEN AND SECURE ALL BUILDING ENTRANCES.**

Distribution:
White: File
Yellow: Employee
Pink: Department Head