



SAVANNAH STATE UNIVERSITY
DEPARTMENT OF PHYSICAL PLANT

REQUEST FOR KEYS

DATE: _____

NAME: _____ TELEPHONE _____

DEPARTMENT: _____

SUPERVISOR: _____

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/Department Head

Key Control Clerk

Approved: _____
Vice President for Business and Finance

Vice President for Academic Affairs

President

**All request for master keys and building entrance keys must be approved by the President.*

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