MOREHEAD STATE UNIVERSITY

Facility Key Request

Date Created:	Originator:

Employee Information

First:	Middle:	Last:

MSU ID:	Social Security Number (Last 4 digits): XXX-XX-

Job Title:	Job Department:

Employment Status:

☐ Permanent Employee
☐ Temporary Employee
☐ Graduate Assistant
☐ Student
☐ Other (Please explain below in explanation box)

Building/Room Information:	Building/Room Information:
(*Please list each building/room separately*)	(*Please list each building/room separately*)

Building	Room	Building	Room

Request Reason:	"Other" Request Reason Explanation:
☐ New Hire ☐ Transfer ☐ Other	
	(*Please explain if Request if "Other"*)

Key Information

Type of Request:	Key Return Date: (mm/dd/yyyy)
☐ New Key Request ☐ Key Extension	
	(*MUST be entered if Employment Status is not permanent or requesting Key Extension*)

Approvals:

(Must be approved by a Department Dean/Chair, and appropriate Vice President)

Name: (Please Type/Print Approved Name)	Name: (Signature Required)	Approved Date:

Comment Information:

Approver Name:
Comments:
Approver Name:
Comments:
Approver Name:
Comments:
Approver Name:
Comments: