HASKELL INDIAN NATIONS UNIVERSITY

KEY REQUEST FORM

Date: _____ New ☐ Replacement ☐ *Temporary ☐

Name: _____ Phone #: _____

Building Name: _____ Room Number: _____

Reason Key (s) needed: _____

_____

_____

Signature of Requestor Date

Temporary Keys are to be returned the next business day after Event has ended

_____

Signature of Immediate Supervisor Date

_____

Signature of Department Manager Date

_____

OFFICE USE ONLY

File Number: _____

Date Request Rec'd: _____