CARTHAGE
COLLEGE

Business Office Key Request Form

Building	Room Number	Key Code (if known)	To be issued to:	Signature (upon receipt)

☐ New Employee ☐ Office Relocation ☐ Lock Change ☐ Worn Key ☐Other please explain;

_____

Individual completing this request:

Name: _____

Campus Ext: _____

Date: _____

Account to charge: _____

Authorization Signatures
(Faculty)

Dean: _____

(Staff)

Supervisor: _____

- Please return all keys to the Business Office. Do not distribute to another employee
- Carthage policy does not allow the distribution of facility keys to students, other than those provided via a residence option.
- Depending on the key request, additional facility management approval may be required.
- Typical key requests are completed within two business days. You will be contacted via email when your key is available for your use.

Office Use:

Date Received: _____ Date Completed: _____

Keys Returned: _____