

Exhibit C

KEY REQUEST FORM

(Keys must be requested on the form and emailed to keyrequest@richmond.edu)

Name:	Phone:	Email Address:
Building:		Original Key Issue
Room number/Doors(s) Key to Open:		Lost Key Replacement
		Damaged Key Replacement
		Faculty Student
Person Key Requested For:		Staff Other

Person to Notify When Ready: Phone:

Campus Address:

Approved By Department Head/Director Date: Index#

Approved by V.P., AVP, and Dean's (For Building and Grand Master levels only) Date:

Approved by Paul Lozo Date:

(For Building and Grand Master locks only)

I acknowledge receipt of the keys designated above. I agree not to allow or contribute to the duplication of these keys. I understand and agree that violation of this agreement may render me responsible for the expenses of a lock change for the affected areas.

Keys Released To: Date Released:

Lock Shop Use Only: Keys issued

All Master Keyrings that are assigned to an individual or department are prohibited from leaving campus. All rings are to be secured in a controlled lockbox with a designated keeper within the department.