



ORDER OF SAINT BENEDICT
 SAINT JOHN'S UNIVERSITY
Key Request

Name of Requestor/Keyholder: _____

Department: _____

Phone Number: _____

Department Acct # for Charges: _____

Date of Request : _____

With my (keyholder) signature below, I request the described key be issued to me. I understand that this key is the property of Saint John's and its loss will be reported immediately to Physical Plant or Life Safety. By accepting this key I acknowledge my responsibility for all property and/or records secured by the lock operated by this key. I agree to accept all financial responsibilities associated with replacing coinciding keys and locks should this key be lost. I will not duplicate or transfer this key to any other person and will surrender it to the Physical Plant when I no longer have a need for the key or end my employment at Saint John's.

Building Name	Room Number	Key Stamp (if known)	Keyholder Name	Authorized Department Signature

To request a key:

1. Fill in the following spaces at the top of this form:
2. Carefully read over the agreement outlined at the top of this form.
3. Sign your name as the keyholders' signature.
4. The form must also be signed by the department head or authorized chairperson
5. Return this form, with the appropriate signatures, to the St. John's Physical Plant Office at sjphysplat@csbsju.edu or via campus mail.

To receive a key:

1. Allow a full working day for the request to be processed.
2. You will be notified when keys are ready to be picked up.
3. A signature will also be obtained (below) at time of pick up.

To be signed when keys are picked up: I acknowledge that I received the above keys and will issue to the keyholders as noted above:

Signature: _____

Printed Name: _____

Date: _____