

**THE UNIVERSITY OF TENNESSEE, KNOXVILLE
LOCK & KEY SERVICES**

KEY REQUEST FORM

Please Type or Print

DATE: _____	REQUEST APPLIES TO:
UT ID NUMBER: _____	<input type="checkbox"/> Faculty <input type="checkbox"/> Standard Key
NAME: _____	<input type="checkbox"/> Staff <input type="checkbox"/> Master
TITLE/POSITION/CLASSIFICATION: _____	<input type="checkbox"/> Student <input type="checkbox"/> Submaster
	Campus Phone: _____

BUILDING	ROOM	DEPARTMENT

Justification: _____

"I agree that this key shall be promptly returned to the Key Shop upon my departure from the University or when its use is no longer required in connection with University duties.

I further agree that I shall not permit copies of the key to be made or permit any unauthorized use of the key by others."

KEY SHOP USE ONLY
Received By: _____
Date Issued: _____

Applicant's Signature

Supervisor's Signature

Dean or Directors Signature