GORDON STATE COLLEGE
Key Request Authorization Form

KEYHOLDER INFORMATION

Last Name: _____ First Name: _____ MI: _____

Dept. _____ Position: _____

Phone# _____ Date of Request: _____

SPACE TO BE ACCESSED

Building Name	Room No.	Qty.	Key No.

APPROVALS

V.P/Director/Dept. Chair: _____ Date: _____

Director of Facilities: _____ Date: _____

ACKNOWLEDGEMENT AND RECEIPT OF KEYS

Keyholder's signature will be required when key (s) are picked up in the Facilities Building. Only the Keyholder may sign for key (s).

I understand and accept the following information as a condition of my employment with Gordon State College. The key described on this form belongs to Gordon State College; it is for official use only; it is not to be duplicated or modified; I am to safeguard it against misuse. I will promptly return my keys to the Facilities Building upon my separation from the college. If I am unable to return it when required, I may be required to pay the cost of restoring security to the area compromised, and the cost may be withheld from any compensation due me from the college. Failure to adhere to the provision of Gordon State College Building Access and Key Control Policy may result in disciplinary action to include termination from Gordon State College.

_____ _____

Keyholder's Signature Date

***NO GRAND MASTER KEYS WILL BE ASSIGNED WITHOUT APPROVAL OF THE VICE PRESIDENT OF BUSINESS AFFAIRS.**