



Key Request Form

Date Requested:	
Name:	
Department:	
Phone:	
Email:	

New Keys Needed

Key Number:		Building and Room:	
Key Number:		Building and Room:	
Key Number:		Building and Room:	
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Key Number:		Building and Room:	
Key Number:		Building and Room:	

Signature of Vice President or College Dean: _____

**Obtain the required signature and submit the form to Craig Nordlien in the Facilities Management Office, either by campus mail or you may fax it.
Fax #: (503) 375-5366**