

The University of Mississippi

Physical Plant Department

Request for Key Services

Completion of this form is required before any keys can be issued

Date of Request: _____

Key Number: _____

Please Issue Key to:

New Issue K-9 High
 Replacement Security

Name (Print): _____
First Middle Initial Last

Department: _____ Department Account: _____

Phone Number: _____ Employee Number: _____

Email Address: _____ Key Return Date: _____

Status:

Full-Time Staff Part-Time Staff Faculty Student
 Adjunct Faculty Other _____

Justification for Key Request:

By signing below, I recognize that the key(s) issued to me today are the property of The University of Mississippi. I accept full responsibility for its (their) use and security. I understand that the key(s) is (are) not to be duplicated nor transferred to any other individual. I will return the key(s) to the Physical Plant Department Lockshop by the expected date of return, or upon termination or transfer within the University. I have obtained the necessary approvals from the appropriate authority as signed and noted below.

Employee Name:

Signature Date

Approving Authority:

Printed Name Signature Date

Official PPD Use Only		
Key(s) Requested for:		
Building Name(s)	Door/Description/Room Number(s)	Assigned Key Code(s)
_____	_____	_____
_____	_____	_____
PPD Lockshop Representative Issuing Keys:		
_____	_____	_____
Signature	Date	