NORTHWESTERN OKLAHOMA STATE UNIVERSITY Alva – Enid – Woodward

KEY REQUEST FORM

Note: A FEE OF $25.00 WILL BE CHARGED FOR EACH LOST KEY. PLEASE READ KEYHOLDER AGREEMENT.

Employee: _____
Last Name First Name MI

SSN *(Last 4 digits only)*: XXX-XX- _____; Alva☐ Enid☐ Woodward☐

Department: _____ Title: _____

Email: _____ Phone #: _____

Classification: Faculty ☐ Adjunct ☐ Staff ☐; Part-time* ☐ Student* ☐

***IF KEY IS FOR A STUDENT, TEMPORARY EMPLOYEE, OR ADJUNCT, PLEASE INDICATE THE DUE DATE OF KEY(S) RETURN:** _____

KEYS REQUESTED

Building Name	Room Number	Core Mark
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPLANATION OF REQUESTED KEYS:

_____

_____

APPROVED BY:

SUPERVISOR/ADMINISTRATOR: _____ DATE: _____

Signature

DEAN OR APPROPRIATE

VICE PRESIDENT: _____ DATE: _____

Signature

REV 1/24