

MARYVILLE UNIVERSITY - ST. LOUIS
KEY REQUEST/ISSUE FORM

NAME _____ I.D. # _____

Status: Full Time Faculty Full Time Staff Adjunct
 Temporary Staff Part Time Staff Summer Staff
 Work Study/Student
 Other _____

Building	Room	Dept Head	Dean	V.P.	Dir/PS	Key #	Location

I understand that the requested key(s) are the property of Maryville University. I also understand that if I lose a key, I must report this as soon as possible to the Director of Public Safety. I agree not to loan or exchange this key(s) with any other person, nor will I allow the key(s) to be duplicated.

Signature _____ Date _____