

University of Manitoba
Key Approval Form

KEY NO _____

BUILDING _____

ROOM / DOOR # _____

REASON FOR REQUEST (Check One)

Same as Key # _____
(if available for cutting new keys)

1. TRANSFER → From (previous key holder) _____

2. LOST KEY → Key No. _____ Replace? **FOAP** _____

3. NEW KEY → Is this due to a lock change? Is this due to new construction?
If either of the above, please provide Req 7 number _____

If multiple keys are required, how many?
(Multiple keys may be requested only if all keys are for one key holder) pls. supply **FOAP** _____

No charge for first key issued for this room/door to this key holder.
Additional keys will be issued at \$25.00 per key (refunded upon return of key)

The undersigned agrees to accept this key under the following conditions:

- a) No duplicate key may be cut.
- b) Lost keys must be reported to the Key Coordinator immediately.
- c) All keys must be returned to the Key Coordinator on termination of employment (in the case of staff) or at the conclusion of the school term (in the case of students).

KEY HOLDER Print Name _____ Signature _____
Staff / Student No. _____ Date _____
Address _____ Phone _____
Email _____

KEY COORDINATOR Print Name _____ Signature _____
Dept. _____ Phone _____
Address _____

DEAN / DIRECTOR Signature _____
(Master / Sub-master keys only)

PHYSICAL PLANT
KEY MANAGER APPROVAL _____ Date _____ IDC # _____
Date Returned _____ IDC # _____

LOCKSMITH USE ONLY Symbol _____ Keyway _____ Bitting _____