



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK

### Key Request Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Banner ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Building	Room #	Key #	# of Keys

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This request must be signed by the the following:**

Building Coordinator      Print: \_\_\_\_\_

   Sign: \_\_\_\_\_

Dean/Chairperson      Print: \_\_\_\_\_

   Sign: \_\_\_\_\_

**Please print out form and mail or fax to the Lockshop, Facilities and Planning Office.  
Any questions/concerns, please call the F&P Service Center x2408. F&P Fax: 395-2502**