

Key Request Form

Name: _____
(Please print)

E-mail Address: _____ Phone: _____

Title (e.g. faculty, grad student, post-doc) _____

Authorized By: _____ Signature: _____
(Please print)

Tag #	Room Number	Key Code	Sequence	Dated Checked Out	Date Returned

Signature: _____ Date: _____

I acknowledge by my signature that the above keys are issued for my use only. Keys will not be loaned or transferred to another individual. I agree to notify the department immediately if any keys are lost or stolen. All keys remain the property of Virginia Tech and must be returned promptly to the department upon termination or transfer to another department. Failure to return keys may result in loss of access to registration, diplomas, or final paychecks.