

Key Request Form

AUBURN UNIVERSITY I.D. REQUIRED TO PICK-UP KEYS

(ALL INFORMATION **MUST BE TYPED** FOR CLARITY)

Key Requested By:

Phone:

Bill to Department:

Date:

Account #:

For Key Pick-Up Contract:

Phone:

Email:

PERSON KEY IS TO BE ISSUED TO: (LIMIT OF ONE PERSON PER FORM)

AS APPEARS ON VALID PHOTO I.D. – VALID DRIVERS LICENSE – PASSPORT – ETC.

Last Name:

First Name:

MI:

University G.I.D.:

Banner #:

Auburn University Email:

Employment Status (choose one):

Title:

KEY(s) REQUESTED

Quantity:

Key Numbers (s):

Building:

Room #(s):

AUTHORIZATION

Authorized By:

(Dean, Director, or Department Head)

Signature (required): _____

Date: _____

(Dean, Director, or Department Head)

FAX TO ACCESS CONTROL CENTER @ 334-844-9434

ACCESS CONTROL CENTER – FACILITIES DIVISION 5

1161 WEST SAMFORD AVENUE

PHONE: (334) 844-9446

EMAIL: 4ACCESS@AUBURN.EDU

OFFICE HOURS ARE: 7:30AM – 11:45AM & 12:15PM – 4:00PM (MONDAY – FRIDAY)

THIS FORM MUST BE FILLED OUT COMPLETELY

FAILURE TO DO SO WILL DELAY PROCESSING

KEYS MAY **ONLY** BE PICKED-UP BY THE PERSON KEY IS ISSUED TO
KEYS NOT PICKED-UP WITHIN 60 DAYS OF PROCESSING WILL BE DESTROYED AND MUST BE REQUESTED AGAIN.