

**THE UNIVERSITY OF TENNESSEE, KNOXVILLE**  
**LOCK & KEY SERVICES**

**KEY REQUEST FORM**

Please Type or Print

<p>DATE: _____</p> <p>UT ID NUMBER: _____</p> <p>NAME: _____</p> <p>TITLE/POSITION/CLASSIFICATION: _____</p>	<p>REQUEST APPLIES TO:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Faculty</td><td><input type="checkbox"/> Standard Key</td></tr><tr><td><input type="checkbox"/> Staff</td><td><input type="checkbox"/> Master</td></tr><tr><td><input type="checkbox"/> Student</td><td><input type="checkbox"/> Submaster</td></tr></table> <p>Campus Phone: _____</p>	<input type="checkbox"/> Faculty	<input type="checkbox"/> Standard Key	<input type="checkbox"/> Staff	<input type="checkbox"/> Master	<input type="checkbox"/> Student	<input type="checkbox"/> Submaster
<input type="checkbox"/> Faculty	<input type="checkbox"/> Standard Key						
<input type="checkbox"/> Staff	<input type="checkbox"/> Master						
<input type="checkbox"/> Student	<input type="checkbox"/> Submaster						

<u><b>BUILDING</b></u>	<u><b>ROOM</b></u>	<u><b>DEPARTMENT</b></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Justification: \_\_\_\_\_

\_\_\_\_\_

"I agree that this key shall be promptly returned to the Key Shop upon my departure from the University or when its use is no longer required in connection with University duties.

I further agree that I shall not permit copies of the key to be made or permit any unauthorized use of the key by others."

<b>KEY SHOP USE ONLY</b>
Received By: _____
Date Issued: _____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Dean or Directors Signature