

**Wilberforce University  
Physical Plant Services Office  
Key Records Information**

Date \_\_\_\_\_

Name of Person to Receive Keys \_\_\_\_\_

Type of Key: \_\_\_\_\_ New \_\_\_\_\_ Replacement

Building Name \_\_\_\_\_

Room Number \_\_\_\_\_ Floor \_\_\_\_\_

Room Number \_\_\_\_\_ Floor \_\_\_\_\_

Room Number \_\_\_\_\_ Floor \_\_\_\_\_

Room Number \_\_\_\_\_ Floor \_\_\_\_\_

Room Number \_\_\_\_\_ Floor \_\_\_\_\_

<p>Key Number    _/_/_/_/_/_/_/_/_/_</p> <p>Key Number    _/_/_/_/_/_/_/_/_/_</p> <p>Key Number    _/_/_/_/_/_/_/_/_/_</p> <p>Key Number    _/_/_/_/_/_/_/_/_/_</p> <p>Key Number    _/_/_/_/_/_/_/_/_/_</p> <p>Key Number    _/_/_/_/_/_/_/_/_/_</p> <p>Key Number    _/_/_/_/_/_/_/_/_/_</p>	<p><i>This section for use by the Physical Plant Department only.</i></p>
--	---

Required Signatures:

\_\_\_\_\_  
Department Head or Supervisor Requesting Key(s) \_\_\_\_\_ Date

\_\_\_\_\_  
Vice President of the Area Requesting Key(s) (if different from above) \_\_\_\_\_ Date

\_\_\_\_\_  
Human Resources Manager \_\_\_\_\_ Date

\_\_\_\_\_  
Employee Distributing the Key(s) \_\_\_\_\_ Date

*I understand that all keys received are the property of Wilberforce University and are to be returned to the Office of Physical Plant services upon leaving the University.*

\_\_\_\_\_  
Signature of Person Receiving Key(s) \_\_\_\_\_ Date

Note: There will be a charge for replacement of a key.