

KEY REQUEST FORM

Employee Information: All e	mploy	ees must com	plete.				
Employee Name:						Date:	
Employee Number:						Extension:	
Division:						Campus: Please select	
Employee Status:		Full-time		Part-time		Contract	
Classification:		Faculty		Support		Administrator	
Key Distribution Status:		Permanent		Semester	· Basis	☐ Temporary ☐ Contractors	
Key for Room No. Key ID (fo			O (for Se	curity use	only)	NOTE: One key will be issued per individual	
Authorized by:							
Division / Department Head Prin				Name Signature			
not lend, duplicate or cause of keys to security at the conclus	r permi ion of I horize I ue.	it to be duplica my relationshi Humber Colleg	ated the	keys issue or transfer	ed to me within, I um of \$2	perty of Humber College. I agree that I will e. I further undertake to return the said Humber College. In the event of no-return 20.00 (non-refundable) per key from any	
Security Authorization:				Date:			
No. Of Keys Issued:				Key I.D.:			
No. Of Keys Received:				Comments:			
Date:				Entry Cor	npleted:		
Entry Completed:				Signature of Keyholder:			
Signature of Keyholder:				Signature of Security:			