

Cedarville University
Key Request Form

Date _____

Please issue key(s) to:

Name _____

Dept _____

Status: Full-time staff Part-time staff Faculty Student

Adjunct Faculty Other _____

Key(s) requested:

Building

Door/Description

Dept. Head signature _____

Key Recipient _____

Date _____

Replacement Cost for all keys is \$50.00. There may be additional cost for changing locks based on the number of doors a key opens. By signing this form, you are agreeing to the terms of the Key/Card Access Policy, located on the Campus Safety website.