



Master Key Request

Remove door from Building Master

Requests for Building master keys require written justification before the request can be processed. Name

_____ Title _____

Department Name _____ Department # _____

Bldg (Prefix) _____ Room # _____ Phone # _____

Please provide a specific reason(s) for requiring this master key in the space provided below and return this form to the key shop in the PPC building or email it to fm-keyshop@usf.edu (not through Docu-sign)



By signing below, I understand that I am responsible for ensuring the return of this key at the time of the separation of the requestor from my department or the university. Furthermore, if keys are lost or not returned, the department may be held financially responsible for rekeying the affected areas (Policy 6-012 Section VII-B). Name and signature of Dean/Vice President or authorized designee required for all master key requests.

Key request approved by:

Signature* _____ Date _____

Print Name _____ Phone # _____

Title _____ Department _____

* Approving authority should not be the same as receiving the key.

To be completed by Facilities Management

APPROVED/DISAPPROVED

_____ FM Director or Authorized Designee

_____ Date

