



LANEY COLLEGE KEY REQUEST FORM

TO: LANEY COLLEGE KEY CONTROLLER, BUSINESS OFFICE T-213

FROM:

LAST NAME

FIRST NAME

ID NUMBER

DEPARTMENT: _____

ROOM:

Key:

Business Office Use Only

KEY CONTROLLER

DATE

ADMINISTRATOR APPROVAL

DO NOT DUPLICATE OR ALLOW ANYONE TO DUPLICATE KEYS.

PLEASE DO NOT ALLOW ANYONE TO USE KEYS ISSUED TO YOU AS THIS MAY RESULT IN UNNECESSARY FEES ENTAILED BY YOU (KEY REQUESTER) IN THE EVENT THE KEYS ARE LOST.

KEYS MUST BE RETURNED TO THE BUSINESS OFFICE WHEN NO LONGER NEEDED ON A REGULAR BASIS.

THE LOST OF KEYS MUST BE REPORTED IMMEDIATELY TO THE BUSINESS OFFICE.

KEY REPLACEMENT CHARGES (NO REFUNDS):

- \$10.00 CHANGE KEY
- \$25.00 SUB-MASTER
- \$50.00 GRAND-MASTER
- \$100.00 U-key

I HAVE READ THE ABOVE AND I AGREE TO COMPLY WITH THE KEY ISSUANCE GUIDELINES. I ALSO UNDERSTAND AND AGREE THAT VIOLATION OF THIS AGREEMENT MAY RENDER ME RESPONSIBLE FOR THE EXPENSES OF A RELOCK FOR THE AFFECTED AREAS.

SIGNED

DATE