STATE UNIVERSITY OF NEW YORK
COLLEGE OF OPTOMETRY

KEY REQUEST / ISSUANCE FORM

FROM: _____ **DATE REQUESTED:** _____

DEPT: _____ **DATE NEEDED:** _____

SUNY ACCOUNT#: _____

KEY REQUEST INFO (PLEASE PROVIDE ROOM#, FLOOR, WORKING HOURS AND DAYS, AND USAGE):

_____

_____

KEY REQUEST FOR WHOM: _____

SUNY STATUS: [ ] **FACULTY** [ ] **STAFF** [ ] **STUDENT** [ ] **OTHER** _____

DEPARTMENT HEAD / SUPERVISOR: _____

_____ _____
AUTHORIZED SIGNATURE OF SUPERVISOR / HOD **AUTHORIZED SIGNATURE OF ROOM OCCUPANT**

UNIVERSITY POLICE DEPARTMENT USE ONLY

REVIEWER: _____ **REVIEW DATE:** _____

[ ] **APPROVED**
[ ] **DENIED**
[ ] **REFFERED** _____

RETURN RECORD:

DATE RETURNED: _____ **UPD OFFICER's NAME:** _____

KEY STATUS: [ ] **LOST** [ ] **NOT RETURNED** [ ] **RETURNED TO MANAGER/SUPERVISOR** [ ] **RETURNED TO PERSONNEL**

 # OF KEYS RECEIVED: _____ **DATE RECEIVED:** _____

PRINT NAME: _____ **SIGNATURE:** _____