

KEY REQUEST
ABILENE CHRISTIAN UNIVERSITY
OPERATIONS
SCAN & EMAIL TO: facilitiesmgmt@groupmail.acu.edu

Building: _____
Master "Z" Key - Quantity: _____
Exterior "X" Key - Quantity: _____
Department Suite Key - Quantity: _____
Room "R" Key - Quantity: _____ Room #: _____
Room "R" Key - Quantity: _____ Room #: _____
Re-Key - Room Number: _____ (\$ 30.00 per lock plus labor)

Operations Use Only:
Work Order #: _____
Serial Number: _____

FUND: _____ Cost Center: _____ Ledger #: _____ Spend Category: _____ Function: _____

Assigned To: _____ Banner ID# _____ Date: _____
Staff/Faculty Printed Name

Department: _____ Ext.: _____

Approved By: _____ Banner ID# _____ Date: _____
Your Department Supervisor Signature

Department Name: _____ Departmental Ext: _____

Authorized By: _____ Banner ID# _____ Date: _____
Your Facility Coordinator's Signature

Facility Coordinator's Extension: _____

Final Approval By: _____ Date: _____
Facilities Administrative Coordinator

**ALL KEYS ARE THE PROPERTY OF ABILENE CHRISTIAN UNIVERSITY, NOT THE KEY HOLDER.
I UNDERSTAND THAT TRANSFERRING MY KEYS TO ANOTHER ACU EMPLOYEE IS A VIOLATION OF THE ACU
CAMPUS KEY CONTROL POLICY. MY KEY(S) WILL BE RETURNED TO ACU OPERATIONS DEPARTMENT
WHEN MY EMPLOYMENT TERMINATES, OR IF I TRANSFER TO ANOTHER ACU DEPARTMENT.**

Sign Here Upon Receipt of Key(s): _____ Date: _____
Key Holder's Signature

Key(s) Delivered By: _____ Date: _____
Operations Locksmith's Signature