



FACILITIES MANAGEMENT

Key Request Form

Please complete the fields below and email to Samuel.miller@mail.wvu.edu

Requestor Information:

- Name: _____
- Department: _____
- Email: _____
- Phone: _____
- Building: _____
- Room: _____

Key Replacement (If Applicable, Please Circle):

- Lost Key
- Damaged Key
- New Employee

Authorization: I request the issuance of the above-mentioned key(s) and affirm that the information provided is accurate. I understand and agree to comply with all university/organization policies related to key usage.

Signature: _____

Department Head or Authorized Personnel Approval:

- Name: _____
- Signature: _____
- Date: _____