



Swarthmore College
STUDENTS FACULTY STAFF
KEY REQUEST FORM

This form is to request issuance of physical keys for facilities owned by Swarthmore College. Please print all information requested. The recipient and department/organization head must sign this form before it is forwarded to Facilities for final review and approval.

Requestor Name: _____ Phone: _____ Email: _____

Recipient Name: _____ Phone: _____ Email: _____
(If different than requestor)

Faculty Staff Other _____

Department: _____ Phone: _____

Key requested for: _____
Building
Room # (s)

Reason for request:

- | | |
|---|---|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> New Space Assignment |
| <input type="checkbox"/> Replace Lost Key | <input type="checkbox"/> Replace Broken/Defective Key |
| <input type="checkbox"/> Core Change | <input type="checkbox"/> Other |

Describe _____

Key Return Date (if applicable) : _____

Signature of Recipient Date

Signature of Department Head Date

Facilities will request P-staff approval (required for Master Key or Exterior Door)

Signature of President's Staff member (if required) Date