



Key Warden Access Request

R# _____ eRaider: _____
 Name: _____
 Phone #: _____
 Email: _____
 Department: _____

Request Type:

New Addition
 Change Cancel
 Other

Key Warden Request Detail

Building _____ Area _____

Justification for MASTER KEY Access : Request for any Master Level key must be signed by the President or Designee

Duration

KEY WARDEN REQUEST APPROVAL

**All parties acknowledge that they have reviewed OP 61.24, and are familiar with the acces to keys in the Key Warden.
 *The department will be charged for any required re-keying***

 Requestor Name

 Requestor Signature

 Date

 Department Head Name

 Department Head Signature

 Date

 President Lange or Designee Name

 President Lange or Designee Signature

 Date

KEY WARDEN ACCESS SET UP

Verified by: _____

Key Warden Location: _____

Date: _____

Access: _____

Configured by: _____

KEY WARDEN ACCESS CANCELLATION

Access Removed by: _____

Reason _____

Date: _____
