



Key Request Form

Date Requested:	
Name:	
Department:	
Phone:	
Email:	

New Keys Needed

Key Number:		Building and Room:	
Key Number:		Building and Room:	
Key Number:		Building and Room:	
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Key Number:		Building and Room:	
Key Number:		Building and Room:	

Signature of Vice President or College Dean: _____

Obtain the required signature and submit the form to the Facilities Management Office via email at facilities-info@willamette.edu