

EAST CAROLINA UNIVERSITY
HEALTH SCIENCES CAMPUS KEY REQUEST FORM

Part I - REQUESTOR Please complete the top section and obtain the required signatures before forwarding to the appropriate department)

Allied Health BSOM ECHI HS Library Nursing West Research Campus

Name: _____ Banner ID#: _____ Phone: _____

When keys are ready for pick up, please contact _____ at phone # _____.

Person(s) authorized to pick up key(s) (**Room keys only**): _____

Department/Unit: _____ *Tab forward to complete information.*

CHECK ONE: Staff Faculty Student Resident/Post Doc Temp

CHECK ONE: New Issue Re-Issue (attach paid receipt)

Describe key(s) requested:

FACILITIES MAINTENANCE USE ONLY							
Bldg.	Room No.	Master	Serial No.	Key Way	Date Issued	Key Code	Returned to stock

Part II - AUTHORIZATION

Administration Approval

Allied Health

Stephen Thomas or Jeanne Horton

BSOM

Carolyn Erwin

ECHI

Montgomery Pate or Mary Peele Gardner

HS Library

Dorothy Spencer or Teresa Tripp

Nursing

Sylvia Brown or Brenda Smith

West Research

Paul Gemperline or Al Schreier

Data Closets

Rob Hudson

Department Head Approval:

Administration Approval:

Facilities Services
HSC Approval:

Rob Hudson

SIGNATURE

DATE

Part III - FACILITIES SERVICES

Work Order: _____ Notification for pick up by: _____

Issued To: _____

Issued By: _____

Request Canceled By: _____

RECEIPT:

- All keys remain the property of the State of North Carolina.
- No key may be duplicated.
- No key may be loaned or issued to another individual.
- Keys must be returned to Facilities Services, HSC Utility Plant, upon termination of employment or studies.
- Loss of a key may necessitate changing all locks under that key. The cost will be billed to the department indicated above.

I have received the keys indicated above. I understand and agree to abide by the policies governing keys.

Received By: _____ Date: _____