

Hannibal-LaGrange University

Public Safety

Key Request Form

I agree to abide by the key policy of HLGU in that I will not have the key(s) duplicated or allow any unauthorized person to use or be in possession of said key(s). I assume all responsibility of said key(s)

Name (Please print): _____

Department: _____

Key(s) Requested:

Building: _____ Suite #: _____ Office: _____

Other Information: _____

I acknowledge receipt of quantity _____ Key(s) and agree to return said key(s) to the Public Safety Office by or the end of my employment.

Signature: _____ Date: _____

Card Access: _____

Department Chair Approval: _____

Department Chair must approve the issuance of the key(s) or card access requested. Approval maybe made by e-mail.

Date Key(s) Made: _____ DPS Officer: _____

