



CALIFORNIA STATE UNIVERSITY, STANISLAUS

Public Safety / University Police Services

(209) 667 - 3114 (209) 667 - 3104



STUDENT KEY REQUEST

* DATE: _____

*** REQUIRED FIELDS**

* Last Name: _____ * First Name: _____ * Student ID: _____

* Department: _____ * Department Phone: _____ * Semester: _____ * Year: _____

SECTION 'A' OR 'B' MUST BE PROPERLY FILLED OUT IN ORDER TO PROCESS REQUEST/REPORT

<p>A) REQUEST</p> <p>New Key(s) Replace Damaged Key</p> <p>Briefly explain the student's need for a key:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>B) REPORT</p> <p>Lost / Stolen Key(s), Replace*</p> <p>Lost / Stolen Key(s), Do Not Replace*</p> <p>Briefly explain the student's need for a key:</p> <p>* ACCOUNT CODE REQUIRED</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Account</td> <td style="text-align: center;">Fund</td> <td style="text-align: center;">Dept</td> </tr> </table>	Account	Fund	Dept
Account	Fund	Dept		

III) DEPARTMENT APPROVAL

For lost or stolen keys, your signature below acknowledges that the access to your department is compromised.

Chair / Supervisor: _____
Type Name

Signature: _____

Dean / Manager: _____
Type Name

Signature: _____

KEY NUMBER	BUILDING	ROOM NUMBER	CODE (Locksmith Only)

Completed requests are forwarded by Public Safety to Facilities Services for a work order. Once the keys have been made, Public Safety will notify you when they are ready to be picked up.

Public Safety Use Only:	Approved _____	Denied _____	Director of Public Safety _____
Locksmith Completed Date: _____			