



## KEY REQUISITION FORM

Employee Name:

WCM Employee ID:

Title:

Department:

Room Numbers:

Key Quantity:

**Key Issue Agreement:** In return for the loan of this key you agree:

Not to give or loan the key(s) to others  
Not to make any attempts to duplicate or alter the key(s)  
Safeguard and store the key(s) securely  
Immediately report any lost or stolen keys to Facilities Management  
Produce or surrender the key to Facilities Management upon request  
Return the key to Facilities Management when no longer needed by the employee  
it was originally issued to

Employee Name:

Signature:

Dept. Approval:

Signature:

Completed forms can be sent to [keys@med.cornell.edu](mailto:keys@med.cornell.edu)

Date Rec'd: