

OBERLIN COLLEGE KEY REQUEST FORM

Name:	BUILDING REP AUTHORIZATION: By typing my name, I authorize the following keys to be granted to the person whose information appears on the left side of this form: X _____	
T Number:	Key #1	Hook#
Phone:	Building	Room
Dept:	Key #2	Hook#
Status: ___ Faculty ___ Staff ___ Student	Building	Room
Notes:	Key #3	Hook#
	Building	Room
PLEASE READ: In accepting this key I agree to loan it to no one, allow no duplication to be made, and to return it to Facilities Operations when no longer needed. I understand that there is a deposit required on all keys issued to students. I also understand that there is a charge for lost or stolen keys, as indicated to the right.	FEES AND DEPOSITS (subject to change) ___ Student Submaster - \$50 Deposit ___ Student Single Access - \$20 Deposit ___ Faculty / Staff - No Deposit ___ SUBMASTER LOST KEY - \$100 FEE ___ SINGLE ACCESS LOST KEY - \$50 FEE	
Keyholder to sign upon pick-up: X _____	Total Charges:	\$ _____
DO NOT WRITE / TYPE BELOW THIS LINE: FACILITIES OPERATIONS USE ONLY:		
Date Issued: ___ / ___ / ___	Issued By: _____	Date Returned: ___ / ___ / ___ Rec'd By: _____