University of the Incarnate Word

KEY RECORD

PLEASE READ REVERSE SIDE BEFORE COMPLETING

1. School ID (**Required**)	2a. Applicant's Name (Last) - **TYPE or PRINT**
3. Building / Room Number:	2b. Applicant's Name (First,& MI) - **TYPE or PRINT**
4. Department	☐ **Administrator** ☐ **Faculty** ☐ **Staff** **University Phone #:**

5. Remarks (If Applicant is signing for more than 1 key list each additional key (s) here):

6. Approved - Typed or printed name of Department Chair/Director & University Phone #: Phone #:	7. Approved - Typed or Printed name of Dean or Vice President & University Phone #: Phone #:
Signature of Department Chair/Director Date:	Signature of Dean or Vice President Date:

8. Signature of Applicant (I certify that I have received key (s) described heron. I have read and agree to the conditions of issuance as stipulated on the reverse side of this form and I have received a copy of this form):

Date:

9. Key Returned (Signature of HR Representative)

Date:

10. Key Returned (Signature of Facilities & Management and Services Representative):

Date:

Please Read UIW Key Issue and Control Procedures and the Reverse Side of this Form Before Completing. All previous key record forms are obsolete. Use only August 2006 revision