



KEY REQUEST

Date: _____

Key to Be Issued to (Print/Type) _____

Last Name

First

Middle Initial

COLLIN COLLEGE DISTRICT CAMPUS

(check appropriate campus)

Celina CHEC Courtyard Farmersville Frisco

McKinney Plano PSTC Technical Wylie

Room Number _____ Key Number _____ Tag Number _____

Room Number _____ Key Number _____ Tag Number _____

JUSTIFICATION FOR REQUEST _____

APPROVAL SIGNATURES

Print form and obtain required signature(s). Submit approved form to **Facilities/Plant Operations** at the appropriate campus. Note that signature of person receiving key will be required at time of issuance.

Office and non-master keys (VP/VPP or other approval not required):

Dean/Director _____
Signature Date

Building interior master or grand master:

VP/VPP _____
Signature Date

Second approval required for grand master:

Director, Facilities Operations _____
Signature Date

FACILITIES/PLANT OPERATIONS: KEY ISSUANCE

Date Request Received in Plant Operations* _____

Signature of Person Receiving Key _____

Date Key Issued _____ Issued By _____

***Requested keys must be picked up within 30 days**

PLANT OPERATIONS: KEY RETURN

Date Key Returned _____ Returned By _____

Name of Person Receiving Returned Key _____