

### KEY REQUEST FORM

TO: ATU Facilities Management

NAME: \_\_\_\_\_  
 (Person making request)

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- New Employee
- Current Employee

NAME <small>(Person receiving key)</small>	T-NUMBER	BUILDING	ROOM NO.

**All the information listed on this form and the approval of the appropriate Dean must be provided before this request can be processed.** Please send to [facilities@atu.edu](mailto:facilities@atu.edu)

You will be contacted via email when keys are available for pick up. If you have any questions regarding this request, please call (479) 968-0261. Please allow four working days to complete the request.

Approved By:

\_\_\_\_\_  
 (Dean/Vice President)