



KEY REQUEST FORM

Please submit by clicking 'submit' below or email Accesscontrol@georgebrown.ca.

Dept Acct #

Name of Employee

Campus/Department

Position Title

Office Phone

Please issue above employee key(s) to the following areas (*include precise building, room numbers*):

Approved:

Name of Department Head

Departmental Access Key Controller

Date

----- **Issuance of Keys** -----

I acknowledge receipt of the key(s) described above. I understand that all keys are property of the College and it is a violation of College policy to duplicate or to have duplicated any key issued by the College. I further acknowledge responsibility and accountability for this key(s). I will report loss or theft of the key(s) to Public Safety & Security immediately and will return key(s) to my department head or Departmental Access Key Controller (DAKC) at time of leaving the department or College. I further agree to remain knowledgeable of and abide by the College's Access Control policy while in possession of the key(s).

Employee's Name

Date

----- **Return of Key(s)** -----

The above key(s) has been returned to the Departmental Access Key Controller.

Name of Key Controller

Date

----- **Issuance of Replacement Key(s)** -----

The above key(s) have been lost or stolen. Replacement keys have been issued to the employee.

Name of Employee

Date

Name of Key Controller

Date

SUBMIT