SANTIAGO CANYON COLLEGE

REQUEST FOR ISSUANCE OF KEYS

NAME: DATE REQUESTED:

POSITION:

DEPARTMENT: EXT.:

Building	Room #	Administrative Services Use Only	Date Issued	Signature	Date Returned	Initial

THERE IS A $10.00 FEE CHARGED FOR EACH REPLACEMENT KEY. _____(Please initial)

DEPARTMENT ADMINISTRATIVE APPROVAL: _____

DATE: _____

APPROVED BY ADMINISTRATIVE SERVICES: _____

DATE: _____

FOR MASTER KEYS ONLY

APPROVED:_____DATE_____YES_____NO_____
President/Vice President

Comments:_____

_____

Rev. 4/2010 Zip:\keys