

**LAMAR INSTITUTE OF TECHNOLOGY**  
**KEY / LOCK AUTHORIZATION REQUEST**

**SERVICES REQUESTED:** Check the appropriate box(es) indicating services requested

<input type="checkbox"/> KEY REQUEST	<input type="checkbox"/> PADLOCKS	<input type="checkbox"/> LOCK / CORE CHANGE
<input type="checkbox"/> LOCK FUNCTION CHANGE	<input type="checkbox"/> DESK / FILE KEY REQUEST	<input type="checkbox"/> DESK / FILE LOCK CHANGE
<input type="checkbox"/> HIGH SECURITY LOCK / KEY		

**ASSIGNED TO:**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Key / Core #: \_\_\_\_\_ Quantity: \_\_\_\_\_ Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Key / Core #: \_\_\_\_\_ Quantity: \_\_\_\_\_ Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Key / Core #: \_\_\_\_\_ Quantity: \_\_\_\_\_ Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Key / Core #: \_\_\_\_\_ Quantity: \_\_\_\_\_ Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Key / Core #: \_\_\_\_\_ Quantity: \_\_\_\_\_ Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

**Acceptance of keys covered by this request is with the understanding that issuance and use will be in accordance with the Key Control Policy of LIT. It is the responsibility of the person submitting this request to obtain signatures of approval prior to submission.**

**Requested by:** \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by**  
**Department Head:** \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by**  
**Chief of Police:** \_\_\_\_\_ Date: \_\_\_\_\_

**\*Approved by**  
**VP Finance/Operations:** \_\_\_\_\_ Date: \_\_\_\_\_  
*\* Building Entrance Keys*

**\*\*Approved by the President:** \_\_\_\_\_ Date: \_\_\_\_\_  
*\*\* For master keys, high security keys, and keys issued to employees reporting to the President.*

**Approved by Facilities Director:** \_\_\_\_\_ Date: \_\_\_\_\_