

Request Date: \_\_\_\_\_

Return to Room 239 Beeson Building

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

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

☐ KEY REQUEST

☐ PADLOCKS

☐ LOCK / CORE CHANGE

☐ LOCK FUNCTION CHANGE

☐ DESK / FILE KEY REQUEST

☐ DESK / FILE LOCK CHANGE

☐ 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:** \_\_\_\_\_