The State University of New York - System Administration

Key Control Form

Date: _____

Office: _____

☐ System Administration ☐ Research Foundation ☐ Construction Fund

Building: _____ Room Number: _____

Item(s) Needed:

☐ Keys ☐ Lock ☐ New Lock ☐ Maintenance (describe below)

Please list recipient(s) of keys: _____

_____

If any person listed above is not a SUNY System Administration employee, please list their status with SUNY (e.g. Contractor, Consultant, Student).

Name of Person Responsible for the room: _____

Signature of person responsible for the room: _____

Signature of person requesting keys/maintenance: _____

Signature of supervisor: _____

PLEASE READ THE FOLLOWING:

1. All keys remain the property of SUNY and may be recalled at any time.
2. Report loss or destruction of issued keys immediately.
3. Duplication, alteration or defacement of markings on issued keys is prohibited.
4. Issued keys are to be returned to Plaza Operations upon leaving SUNY or when no longer needed.
5. Keys will be stamped for identification purposes.

DO NOT WRITE BELOW - FOR PLAZA OPERATIONS USE ONLY

Rec'd. Date: _____ By: _____

Core _____ Hook _____ Processed by: _____

This form must be submitted in its original and signed below to have keys made or duplicated. No vendor or maintenance services will be performed without an authorized signature.

_____

Plaza Operations