

CALIFORNIA STATE UNIVERSITY, FRESNO
KEY REQUEST FORM

TO: Key Control, MS PO 88

Date: _____

FROM: _____
School, Department, Division or Office

MS# _____ Ext. _____

Email: _____

Approved by: _____
Dean, Dept. Chair, or Division Head
Original Signature Only

Approved by: _____
Key Control

Please Print Name

1. First & Last Name	2. Classification (see Back of Form)	3. Fresno State ID	4. Bldg. or Area	5. Type of key: Master, Submaster, Bldg. Entry, Room, etc.	6. LOCKSMITH USE ONLY

- INSTRUCTIONS:
1. Submit an original Key Request Form to the Key Control office at least five (5) working days prior to the date keys are needed. Retain a copy for your own files.
 2. All requests must be approved by the appropriate Dean, Dept. Chair, or Division Head. Original signatures only.
 3. Use a separate line for each key requested.
 4. All requests must be typewritten or printed legibly.
 5. List individual's Campus generated ID number (Fresno State ID).
 6. Requests for master or submaster keys; keys for students, or consultants must be accompanied by a separate written justification, signed by the appropriate Dean, Department Chair, or Division Head.
 7. Additional form required for Great Grand Master keys. Form is available from Key Control. Please allow extra time for processing.
 8. **NOTE:** An individual will be issued only one key per lock.

LOCKSMITH'S USE ONLY:

Completed by: _____ Date: _____ Processed by: _____ Date: _____

INSTRUCTIONS

1. Submit an original Key Request Form to the Key Control office at least five (5) working days prior to date needed.
2. All requests must be signed by the appropriate administrator in the space provided.
3. Use a separate line for each key ordered.
4. First Column: Name of individual for whom the key is requested.
5. Second Column: Use only the following classification codes:

Faculty	F	Student Assistant	SA
Part-Time Faculty	PTF	Work Study Student	WSS
Support Staff	SS	Research Student	RS
Teaching Assistant	TA	Graduate Assistant	GA
Lab Assistant	LA	Consultant	C

If the above codes do not apply, call 278-2172.

6. Third Column: List individual's Campus-Generated ID Number (Fresno State ID).
7. Fourth Column: List the name of the building or area for which the key is requested.
8. Fifth Column: State the type of key desired, master, submaster, building entry, room number, etc.
9. Sixth Column: Do not write in this column. This is reserved for the Locksmith.
10. Keys must be picked up in person. Present appropriate I.D. (i.e., Student I.D. and/or Drivers License).

JUSTIFICATION: All requests for Master or Submaster keys; keys for students, or consultants must be accompanied by a separate written justification of need, signed by the appropriate Dean, Department Chair, or Division Head. Justifications lacking sufficient detail will be denied and returned for additional information.

ALL INCOMPLETE OR INCORRECT REQUESTS WILL BE RETURNED TO DEPARTMENTS FOR CORRECTION.

When the keys are ready, your department will be notified by telephone. Keys must be picked up within thirty (30) days from the date of notification. Thereafter, the keys will be returned to the Lock Shop for reissue. If the keys are still needed, they must be reordered.

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PENAL CODE 469:

Any person who knowingly makes, duplicates, causes to be duplicated, or uses, or attempts to make, duplicate, cause to be duplicated, or use, or has in his possession any key to a building or other area owned, operated, or controlled by the State of California, any State agency, board, or commission, a county, city, or any public school, or community college district without authorization from the person in charge of such building or area or his designated representative and with the knowledge of the lack of such authorization is guilty of a misdemeanor. Added, Stats. 1970, chap 1090.

FURTHER KEY INFORMATION MAY BE OBTAINED BY CALLING 278-2172.