

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: _____

<u>FOR MASTER KEYS ONLY</u>		
APPROVED: _____	DATE _____	YES _____ NO _____
President/Vice President _____		
Comments: _____ _____		