

Las Positas College

Request for Room Key(s)

Name:					
Contact Number:					
Department:					
Position:	<input type="checkbox"/> Admin	<input type="checkbox"/> Faculty	<input type="checkbox"/> Classified	<input type="checkbox"/> P/T Faculty	<input type="checkbox"/> Student <input type="checkbox"/> Contract
Date of Request:					

Please allow two weeks to process and cut key(s).

Key(s) will be available for pick up in Campus Safety Office 1725 between 9am-5pm.

If you have any questions regarding room key(s) call Campus Safety extension **1690**

Room Key Request	
List of rooms access needed	
Room #	Hook #

Key Card	
List of rooms access needed	
Room #	

After completing above information:

Take to your appropriate Dean for approval before submitting to Campus Safety.

Approval Signatures

Administrator / Dean:		Date:	
Campus Safety Supervisor:		Date:	

Receipt - of key(s) listed above

Print Name:		Date:	
Signature:		Date:	

Return - of key(s) Listed above

Print Name:		Date:	
Signature:		Date:	