

# Roane State Community College

## Campus Police

### Key Request Form

Requester's Name: Title: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_

Key(s) Requested: (Room Number) \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:**

<input type="checkbox"/>	Individual door keys may be approved by Immediate Supervisor
<input type="checkbox"/>	Master, Sub master, & Outside Door Keys require approval by Vice President or Director
<input type="checkbox"/>	Grandmaster Keys require approval by President

**Approved (see above):**

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Branch Campus or Center Director

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
President

\_\_\_\_\_  
Chief of Campus Police

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Key(s) Issued: \_\_\_\_\_  
(Keymark No.)

Receipt acknowledged:

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

Coded \_\_\_\_\_