UCLA Luskin School of Public Affairs

Clear/Reset Submit

KEY REQUEST FORM

Date: _____

Key Holder's Name (last, first): _____ **Department:** _____

Key Holder's Email: _____ **UID** (required for students): _____

Start Date: _____ **Faculty** ☐ **Staff** ☐ **Student** ☐ **Other:**

New Key ☐ **Replacement Key** ☐ **Bldg Access: M-F 7am-5pm, Sa-Su 8am-5pm** ☐ **24/7** ☐

Comments: _____

Supervisor's Name: _____ **Supervisor's Signature:** _____

To pick up keys, please make an appointment via: https://www.picktime.com/HienMcKnight

Supervisor/Manager: Please provide Room Number if known.

Room #/Location	Key Number	Tag Number	Quantity	Issue Date	Issued By	Return Date

Submit

==========

To be Completed by Employee/Key Recipient:

☐ I agree to pay a $20 fee for each key replacement.

☐ I agree to return all keys assigned to me upon my departure from the Luskin School of Public Affairs.

Employee's Signature: _____ Date: _____