

Lamar State College - Port Arthur

KEY / LOCK AUTHORIZATION REQUEST

This form requires signatures and, therefore, **must be printed out**, completed and returned to:

LSC-PA PHYSICAL PLANT DEPARTMENT

300 LAKE CHARLES AVENUE

(Copies may be downloaded from the LSC-PA homepage or picked up at the Physical Plant Office)

Note: This form must be printed out in hard copy as it requires signatures.

Check the appropriate box(s) indicating services requested:

- KEY REQUEST** **DESK / FILE LOCK CHANGE**
 LOCK / CORE CHANGE* **PADLOCKS**
 LOCK FUNCTION CHANGE **HIGH SECURITY LOCK / KEY**
 DESK / FILE KEY REQUEST
-

Assigned to: _____ Date: _____

PLEASE PROVIDE A CONTACT NUMBER: _____

Key / Core #: _____ Quantity: _____ **Building:** _____ **Room Number:** _____

Key / Core #: _____ Quantity: _____ Building: _____ Room Number: _____

Key / Core #: _____ Quantity: _____ Building: _____ Room Number: _____

Key / Core #: _____ Quantity: _____ Building: _____ Room Number: _____

Key / Core #: _____ Quantity: _____ Building: _____ Room Number: _____

*Acceptance of keys covered by this request is with the understanding that issuance and use will be in accordance with the Key Control Policy of LSC-PA. **IT IS THE RESPONSIBILITY OF THE PERSON SUBMITTING THIS REQUEST TO OBTAIN SIGNATURES OF APPROVAL PRIOR TO SUBMISSION.***

Approved by: (Department Chair) _____ Date: _____

Approved by: (Dean, Director or V.P.) _____ Date: _____

Approved by: (President)** _____ Date: _____

** For master keys, high security keys and keys issued to employees reporting to the President.

FOR OFFICIAL USE ONLY

Approval by: (Physical Plant Director) _____ Date: _____