CT STATE COMMUNITY COLLEGE

GATEWAY

10/2024

Key Request Form

Date:

Name of Requester:

Position/Title:

Department:

Requesting Key(s) For : ☐ **Self** ☐ **Other (Name)**

Position/Title

Department

Need Access To:

Signature of your Division Head or Area Dean

Please submit request to: GW-Operations@gwcc.commnet.edu

☐ **Approved** ☐ **Denied**

Associate Dean of Campus Operations: **Date**

Key Number Issued:

Issued By: (Facilities) **Date**

Received By: (Employee) **Date**

Key must be returned to Facilities at the end of employment - Please sign below upon return

Key Returned By: **Date**

Received By: **Date**