

Key Request Form

GATEWAY

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 Dea Please sul		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 Rv:		Nato	