

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY Alva – Enid – Woodward**

**KEY REQUEST FORM**

Note: A FEE OF \$25.00 WILL BE CHARGED FOR EACH LOST KEY. PLEASE READ  
KEYHOLDER AGREEMENT.

Employee: \_\_\_\_\_  
Last Name First Name MI

SSN (Last 4 digits only): XXX-XX- \_\_\_\_\_; Alva \_\_\_\_\_ Enid \_\_\_\_\_ Woodward \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Classification: Faculty \_\_\_\_\_ Adjunct \_\_\_\_\_ Staff \_\_\_\_\_; Part-time\* \_\_\_\_\_ Student\* \_\_\_\_\_

**\*IF KEY IS FOR A STUDENT, TEMPORARY EMPLOYEE, OR ADJUNCT, PLEASE INDICATE THE  
DUE DATE OF KEY(S) RETURN: \_\_\_\_\_**

**KEYS REQUESTED**

Building Name	Room Number	Core Mark
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EXPLANATION OF REQUESTED KEYS:**

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

**APPROVED BY:**

**SUPERVISOR/ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Signature

**DEAN OR APPROPRIATE**

**VICE PRESIDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Signature