

**NORTH SHORE COMMUNITY COLLEGE
CAMPUS POLICE DEPARTMENT
KEY REQUEST/RETURN FORM**

= **Blocks must be checked by key recipient.** As indicated by my signature below I understand that the key (s) requested remains the property of North Shore Community College. I am responsible for this key, the area/space it secures and shall not lend this key to anyone or allow its duplication. I shall safeguard this key and shall not leave it unattended in a desk or file cabinet draw. I shall immediately report suspicious activity, damaged or broken locks/hardware, lost or stolen keys to the Campus Police. I shall return the key to the Campus Police upon my separation from College employment.

RETURN THIS REQUEST TO: The Chief of Campus Police

New Request Replacement for: **Broken Key** **Lost Key - IR#** _____ *(Report needs to be filed w/ Campus Police)*

Campus _____ **Room No./Description** _____

Desk/File/Other _____ **Key No. (if known)** _____

Full-Time Employee

Key Holder Name Printed _____ **Office No.** _____

Title _____ **Phone Ext.** _____ **Dept.** _____

Part-Time Employee *(Keys are only issued to part-time employees c/o a full-time employee)*

Key Holder Name Printed _____ **Office No.** _____

Title _____ **Phone Ext.** _____ **Dept.** _____

Full-Time Supervisor Name Printed _____ **Office No.** _____

Title _____ **Phone Ext.** _____ **Dept.** _____

*** Signatures - (Original signatures required/substitutions shall not be accepted)**

Key Holder _____ **Date** _____

Supervisor _____ **Date** _____

Vice President _____ **Date** _____

Key Return *(Attach key to form & Sign Key Holder in space above ☺)*

Key Holder Name Printed _____ **Office No.** _____

Title _____ **Phone Ext.** _____ **Dept.** _____

Key No. _____ **Room No./Description** _____

Reason for Return: **Termination** **Room Change** **Other** _____

| | | |
|--|---|--|
| <input type="checkbox"/> Authorized | Key No. Issued _____ | Rec. By Sig. _____ |
| <input type="checkbox"/> Declined | Issuing Officer _____ | Date _____ |
| | Preparing Officer _____ | Date _____ <input type="checkbox"/> Entered in Key Program |
| Chief _____ | <input type="checkbox"/> Return Key Attached | Officer _____ Date _____ |