HAMPSHIRE COLLEGE KEY REQUEST FORM

Name of person making request _____
please print

Dept. _____

Position _____

I request that the above person be issued a key (s) to open

Number of Key(s)	Building	Door No.	Key No.	Core No.	Blank letter

Department Head/Budget Manager _____
please print

Phone Ext. _____ Email address _____

Position _____ Date:_____

Signature _____

You will be notified when keys are available for pick up at Physical Plant
Please note that keys can not be mailed and a signature will be required at pickup

The above named person has been issued:		
Signature of person, if different from Part A (please print below)		**Date:**
PLEASE PRINT NAME		
SIGNATURE		
	PP Initial	**Date:**

If you have any questions, please call x5655