



KEY AUTHORIZATION

Work Order #: F -



Key Holder Information

Date:	Key Holder Email:
Key Holder Name / Title:	Key Holder WSU ID:
Department:	
Building:	

Approval Signatures

Employee (Signature)	
Department Chair (Signature)	

TO BE COMPLETED BY KEY HOLDER (One Key Per Person Per Room)			FOR LOCKSMITH STAFF ONLY		
Quantity	Room #	Building	Key Code	Issue / Return Date	Signature

9. Please do not pull your personal vehicle into the gated area of the Physical Plant. Please enter the visitor parking lot, directly East of the water tower and check in at the front desk.

PLEASE ALLOW AT LEAST BUSINESS DAYS TO PROCESS KEY REQUEST

Lockshop Email: KeyRequests@wichita.edu

Locksmith Contacts: Travis Snodgrass (316) 978-7922 and Joseph Asbridge (316) 978-7923 If unable to contact Locksmiths, please contact the front office at (316) 978-4444