



CASE WESTERN RESERVE UNIVERSITY EST. 1826

CAMPUS SERVICES KEYSHOP

Requestor

Name _____

Last First

Student ID Number _____ - _____ - _____

- Undergrad
Grad Student
Faculty/Staff
Non-Case

Employee ID Number _____

Department _____

E-mail _____

Date of Request _____

Key Information

Table with 4 columns: Key Code, Building, Room Number, Expiration Date (Required for UG and Non-Case)

Departmental Approval

Print Name _____

Authorized Signature _____

E-mail _____

Keyshop Use Only

Date Received: _____ Date Completed: _____

Extra Authorization Notification: _____

UG/Non-Case Justification:

Large empty rectangular box for justification

Fax completed forms to 368-0791. The Requestor will be notified by e-mail when the key is ready to be picked up.