

University of Manitoba  
Key Approval Form

KEY NO \_\_\_\_\_

BUILDING \_\_\_\_\_

ROOM / DOOR # \_\_\_\_\_

REASON FOR REQUEST (Check One)

Same as Key # \_\_\_\_\_  
*(if available for cutting new keys)*

1. TRANSFER  → From (previous key holder) \_\_\_\_\_

2. LOST KEY  → Key No. \_\_\_\_\_ Replace?  FOAP \_\_\_\_\_

3. NEW KEY  → Is this due to a lock change?  Is this due to new construction?   
If either of the above, please provide Req 7 number \_\_\_\_\_

If multiple keys are required, how many?

*(Multiple keys may be requested only if all keys are for one key holder) pls. supply FOAP \_\_\_\_\_*

**\*No charge for first key issued for this room/door to this key holder.\***

*There will be an administrative fee of \$25 per key for additional keys and replacements for lost keys.*

**The undersigned agrees to accept this key under the following conditions:**

- a) No duplicate key may be cut.
- b) Lost keys must be reported to the Key Coordinator immediately.
- c) All keys must be returned to the Key Coordinator on termination of employment (in the case of staff) or at the conclusion of the school term (in the case of students).

KEY HOLDER Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Staff / Student No. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

KEY COORDINATOR Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

DEAN / DIRECTOR Signature \_\_\_\_\_  
*(Master / Sub-master keys only)*

**PHYSICAL PLANT**

KEY MANAGER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_ IDC # \_\_\_\_\_

Date Returned \_\_\_\_\_ IDC # \_\_\_\_\_

**LOCKSMITH USE ONLY** Symbol \_\_\_\_\_ Keyway \_\_\_\_\_ Bitting \_\_\_\_\_