



WSSU Key Form  
Access to Open/Unlock Requests

WSSUOPS  
KL- 07  
4/2014

Directions: Please complete and attach this form to your work request.

Name: \_\_\_\_\_

Request Date: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_

Room: \_\_\_\_\_

Work/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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Put an X beside request

Open/Unlock

\_\_\_\_\_ Building

\_\_\_\_\_ Office Door

\_\_\_\_\_ Desk Cabinet

\_\_\_\_\_ Desk Drawer

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Name of Original Key Holder (s): \_\_\_\_\_ Title: \_\_\_\_\_

Name of Dean/Head: \_\_\_\_\_ Title: \_\_\_\_\_

Request Completed by Locksmith: \_\_\_\_\_ Date: \_\_\_\_\_

Facilities Operations Director: \_\_\_\_\_ Date: \_\_\_\_\_