

SANTA ROSA JUNIOR COLLEGE KEY REQUEST

Date of Request _____ SSN: (Last four Digits) _____
(Request cannot be processed without SSN)

Employee Name: (Print) _____ Ext. _____ Dept. Mail Box: _____

Employee Status: ___ Full-Time ___ Part-time ___ Certified ___ Classified

Building Name: (Where keys will be Used) _____

Room # _____ # of Keys _____ Room # _____ #of Keys _____

Room # _____ # of Keys _____ Room # _____ #of Keys _____

Other: _____
(A.V., desk, file cabinet, etc.)

TOTAL 3 OF KEYS REQUESTED: _____

Unauthorized duplication of key is **PROHIBITED**. Any person who knowingly makes, duplicates, causes to be duplicated or uses, or attempts to make, duplicate, cause to be duplicated or used, or has in his possession any key to a building or other area owned, operated or controlled by the State of California, any state agency, board, or commission, a county, city, or any public school or community college district without authorization from the person in charge of such building or area or his designated representative and with knowledge of the lack of such authorization is guilty of a misdemeanor. (Penal Code Section 469)

Approved By: _____ Date: _____
(Dept. Chair's Signature) (Print Name)

(Supervising Administrator) (Print Name) Date: _____

STUDENTS ARE NOT ALLOWED KEYS TO ANY DISTRICT FACILITY

----- OFFICE USE ONLY -----

Key Req # _____ Employee # _____

Key Codes: _____, _____, _____, _____

Qty of Keys: _____, _____, _____, _____

Key Stamp#: _____, _____, _____, _____

Date: _____, HRS: _____