

FARMINGDALE STATE COLLEGE

KEY REQUEST FORM

DATE: \_\_\_\_\_

NAME OF PERSON REQUESTING KEYS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

BUILDING (S): \_\_\_\_\_

ROOM NUMBER (S): \_\_\_\_\_

APPROVED \_\_\_\_\_

\_\_\_\_\_

Department Chair/Director

Dean/Vice President (Master Keys Only)

Please submit the Key Request form to [facilities@farmingdale.edu](mailto:facilities@farmingdale.edu)

Keys can be picked up Monday to Friday 8:30 am to 3:30pm.

Keys must be picked up at the Facilities and Operations Offices and signed for by the user.

You will receive an email when your key is ready for pick up.

For audit purposes, only a hard copy of this form with appropriate signatures will be accepted.

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\_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved

Date

Hours: \_\_\_\_\_

Cost/Materials: \_\_\_\_\_

Comments: \_\_\_\_\_