

LUTHER COLLEGE

Student Key Request Authorization

Date _____

Name _____

Academic/Administration Department _____

Luther ID # _____

Phone Extension _____

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Justification for keys _____

Key Requested For

Building	Area	Entrance	Key Number (if known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date keys are to be returned to Facilities Services _____

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Signatures Required for Student Key Authorization

Department Head, Director or Dean

Date _____

Director of Facilities Services

Date _____

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In accordance with the Luther College Key Policy, all keys issued to students must be requested in writing from the head of the department and approved by the Director of Facilities. By signing a key out, students agree to comply with the terms for care and use of keys that are stated in the Luther College Key Policy. **The individual requesting the keys must pick them up in person with required identification from the Facilities Services Office.** Lost, missing or stolen keys must be reported immediately to Security, ext. 2103, and the Director of Facilities Services, ext. 1010.