

<b>KAS Use Only</b> <b>Reference Number:</b> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
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### Additional Key Form

Complete this form to report and document a key that is in an individual's possession but is not currently reflected on their official key record. A clear photo of the key(s) must be submitted via email to Key Access Services for verification and record reconciliation.

PLEASE PRINT/TYPE

**Key Holder Last Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Key Holder First Name:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Previously Assigned to Another Individual?**       Yes       No

If yes, provide: **Name of Previously Assigned Individual:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Provide a brief explanation of how this key was obtained and any information necessary to reconcile the key record.**

KEY(S) INFORMATION:

**A key audit may be conducted to ensure proper accountability of keys.**

Building	Room No.	Type of Space (office, lab, classroom, etc.)	Key Number	Copy Number (KAS use only)

I acknowledge that all keys must be properly documented and are subject to review in accordance with the [Key Control Policy](#).

\_\_\_\_\_  
Key Holder Signature

\_\_\_\_\_  
Date