MACALESTER COLLEGE
FACILITIES MANAGEMENT
KEY ORDER FORM

TO: FACILITIES MANAGEMENT **DATE: _____**

DEPARTMENT: _____ PHONE: _____

AUTHORIZED BY: _____
(Department Head / Chair)

PLEASE *PRINT* CLEARLY ON THIS FORM

****Facilities Management****
**** Office Use ONLY ****

Person to Receive Key	Student,Faculty, Staff?	Building & Room #	Key ID #	Lock Core #

SPECIAL INSTRUCTIONS: (e.g., date keys should be returned)

**** For Office Use Only ****

Log #:
Date Ordered:
Approved By:

Revised 12/31/2003