



SUB-MASTER/BUILDING-MASTER/OUTDOOR KEY REQUEST

By approving the Sub-master/Building-master/Outdoor Key Request form, I certify that I have read the [MAPP polices of the University of Houston concerning Key Control](#).

The aforementioned policy provides for the following:

- All keys are considered to be University property.
- Once a key is issued to an individual, it is their responsibility to keep the key in their possession and to safeguard at all times.
- Keys shall not be transferred from one individual to another. This unauthorized possession or use may be considered a theft or misappropriation of University property and the individual may be subject to disciplinary action.
- All lost or stolen keys should be reported immediately to KAS using the Lost or Stolen Key Report Form. Stolen keys will need to be reported to UHPD and key holder will provide the case number to KAS.
- In the event of lost or stolen keys, Facilities/Construction Management working in conjunction with Campus Safety is authorized to determine if rekeying is necessary.
- If rekeying is necessary, the department/college responsible for losing the key is required to submit a billable work request through the FIXIT Customer Service Center.

SUB-MASTER/BUILDING-MASTER/OUTDOOR KEY REQUEST

REQUESTER/CERTIFYING SIGNATURE	Key Holder First Name: _____		Position/Title: _____		
	Key Holder Last Name: _____		Department ID#: _____		
	Phone Number: _____		Employee ID #: _____		
	Email: _____				
	Method of Payment (if a cost is incurred):		Credit Card	Cost Center #: _____	
	Is access/key requested for space that is assigned to your department? Yes No				
	This key request is for: New Issue Replacement Lock Change Additional Copies				
	Please state reason for request: <i>(*Important: Please indicate if your keys were lost or stolen)</i>				
	Key Type	Room Number (Required)	Building # (Required)	Comments (Key Control Use Only)	
Department Dean/VP Approval (Required)					
Approved By: _____		Date: _____			
Name: _____		Department: _____			
Title: _____		Email: _____			
Facilities Service Approver (Optional)					
Approve By: _____		Date: _____			
Name: _____		Department: _____			
Title: _____		Email: _____			
Certifying Signature Approval (Required)					
Approved By: _____		Date: _____			
Name: _____		Department: _____			
PeopleSoft ID: _____		Email: _____			

Important: Email completed form to kas@uh.edu. Incomplete or inaccurate form will delay processing.