



REPORT OF KEY LOSS

Purpose of this form is to keep a record of potential compromise to specific locks and to determine if lock replacement is essential for adequate security.

As soon as loss of key(s) is discovered, complete this form and return to U^æ [ |~Services with payment.

\$25 - each single lock key

\$100 - each multiple lock key

\$200 - each master key/\$25 - \$400 electronic key cards

The lost key information will then be recorded on your Record of Keys Issued card and clearance will be processed.

The University will grant a refund if the lost key(s) can be found and returned to Seawolf Services within 30 days of payment.

I. Circle one: Faculty Staff Student

Print:

Your Name \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

II. CIRCUMSTANCES CONCERNING LOSS OF KEY(S)

Give date and place of loss, as best known, plus other details that bear on possible compromise of lock such as identification lost with key(s).

III. KEY(S) LOST:

Table with 3 columns: POSITION NO.\*, SEQUENCE NO.\*, ROOM/AREA. Multiple rows for data entry.

Table with 3 columns: POSITION NO.\*, SEQUENCE NO.\*, ROOM/AREA. Multiple rows for data entry.

Your Signature \_\_\_\_\_

ID# \_\_\_\_\_

\*If not known, obtain from Seawolf Service Center

IV. APPROPRIATE ADMINISTRATOR

Is department requesting rekey? \_\_\_\_\_

Do you authorize U^æ [ |~Services to issue key replacements(s)? \_\_\_\_\_

Signature

Date

V. Lost Key Charge Paid to GYUk c`ZGYfj jW7s.

\$ \_\_\_\_\_ (320000000300)

Receipt Number

G95 K C @ SERVICE CENTER USE ONLY

Lost Key(s) information entered on Key Issue Card

Replacement key(s) issued: No \_\_\_\_\_ If Yes: \_\_\_\_\_

REPORT OF KEY LOSS reviewed. \_\_\_\_\_

Action to be taken? None \_\_\_\_\_ If Yes: \_\_\_\_\_

INITIALS

