COLUMBUS STATE
COMMUNITY COLLEGE

COLUMBUS STATE POLICE DEPARTMENT
Key Request

Date: _____

Issue Key to:

Employee Name: _____   **Cougar ID: _____**

Department: _____ Job Title: _____

Campus Phone: _____   Home Phone: _____ Cell Phone: _____

PLEASE CHECK ALL THAT APPLY:

[ ] Full-Time Employee   [ ] Part-Time Employee   [ ] Faculty   [ ] Staff

[ ] Other (please explain): _____

REASON FOR REQUEST:

[ ] New Employee

[ ] Replacement Key: [ ] Lost / [ ] Stolen (CSCC Police report is required for replacement)

**   Was CSCC police report filed?   [ ] Yes   [ ] No   Police Report # _____**

LOCATION(S) KEY(S) REQUESTED:

Campus	Building	Room#	Door/Room Key#	File Cabinet #	Desk/Key #

APPROVAL:

_____   _____ _____

Chairperson/Supervisor's Printed Name   Chairperson/Supervisor's Signature   Date

RECEIPT OF KEY:

_____   _____ _____

Employee's Printed Name   Employee's Signature for receipt of key   Date

Forward completed form by Interoffice mail to Columbus State Police Department, 499 Grove Street, Delaware Hall, Room 047 or email to CSPDAccess@cscc.edu

Revision Date: 7/22/2024   **Form 91.4.32 KEY**