

REPORT OF KEY LOSS

1. SELECT ONE: Faculty Staff Student Dept.

Your Name

Department

SSU I.D. Number:

Date

The 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 Seawolf Service Center with payment:

\$25 - per key (includes brass and electronic keys)

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 of paid lost key fee(s) if the lost key(s) can be found and returned to Seawolf Service Center within 30 days of the reported key loss and payment.

2. CIRCUMSTANCES CONCERNING LOSS OF KEY(S)

Provide date and place of key loss, as best known, including all details that could possibly compromise campus locks such as identification lost with key.

3. KEY(S) LOST:

Position #	Sequence #	Bldg/Room #

Position #	Sequence #	Bldg/Room #

X
Your Signature _____ Date _____

4. APPROPRIATE ADMINISTRATOR (Section must be completed by AA.):

Do you authorize Seawolf Service Center to issue key replacements?

X
Signature of Appropriate Administrator _____ Date _____

Seawolf Service Center Use Only:

5. Lost Key Charge:

Amount Paid or Billed (circle as applicable) to Seawolf Service Center: \$ _____ Receipt Number _____

6. For Department Ring Key Loss Only:

Amount to Charge Back to Department \$ _____ Chart Field Account Number: 660021- _____ - _____
(Fund and Dept. ID Required)

Lost key information entered on Key Issue Card:	Initials:	Date:
Replacement key(s) issued? (circle one)	YES	NO

NOTES:

REVIEWED BY: _____ REYKEY / NO REKEY