

REPORT OF KEY LOSS

1. SELECT ONE: ☐ Faculty ☐ Staff ☐ Student ☐ Dept.

Your Name

Department

SSU I.D. Number:

Date

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:

(Entire section must be completed by AA.)

Is department requesting re-key?

Do you authorize Seawolf Service Center to issue key replacements?

X

Signature of Appropriate Administrator

Date

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)

Seawolf 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: