

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 No.	Sequence No.	Bldg/Room

Position No.	Sequence No.	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 to Seawolf Service Center: \$ _____

Receipt Number: _____

6. **For Department Ring Key Loss Only:**

Amount to Charge Back 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: _____

DATE **INITIALS**

_____ _____
 _____ _____