**College of Agriculture and Natural Resources   
Key Request**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located in office (bldg & room #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby requesting/verifying a key/keys for the following room(s) . He/she agrees to **return the key should termination occur**. Should key(s) be lost **you may be responsible for payment for replacement and/or re-keying the lock(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUILDING** | **ROOM#** | **KEY#** | **# OF KEYS** | **COMMENTS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*The above key(s) have been approved by the requestor’s supervisor**and COANR Dean’s Office.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
COANR Dean’s Office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

Return form to Kelly Wiseman at [kellywis@uwyo.edu](mailto:kellywis@uwyo.edu), or to AG C 151.