

STUDENT WTAMU Key Request

I, _____, having read and understood these Key Guidelines, agree to follow the standards laid out herein. I also agree that by signing this Request, I am entering a contractual agreement with WTAMU to fulfill all stipulations of the Guidelines. Failure to abide by these standards or their intent will be grounds for disciplinary action.

Name (Please Print)

Date

Signature

Dept.

WTAMU I.D. Number (Buffalo Gold Card Number)

Dept Head (Print)

WTAMU Email Address

Dept. Head (Signature)

Status (Undergraduate, Graduate Student)

Dean or Sr. Adm. (Print)

Dean or Sr. Adm. (Signature)

I have read the Key Guidelines and agree to abide by them, and I realize that when my employment or association with WTAMU is ended or interrupted, all WTAMU keys received by me must be returned to UPD/Lock Shop before final clearance is processed.

Bldg. _____

Room No. _____

Please circle times access is requested:

<u>Mon – Fri</u>	<u>Mon – Sun</u>	24/7 Access
7am – 7pm	7am – 7pm.	
7am – 10pm	7am - 10pm	

Do Not Write Below This Line (WTAMU Lock Shop Use Only)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Issued By Date

Returned By Date