PowerForm Signer Information

Note: Authorization for room keys may be by Department Head, Chair, or Director. Authorization for sub master or master key must be by Dean or AVC. Grand Masters are issued to police only.

Please enter your name and email to begin the signing process.

BEGIN SIGNING

· · · · · · · · · · · · · · · · · · ·	*Required Field*
Your Name: *	Enter the Name & Email of individual requesting keys, this does not have to be the person receiving keys.
Full Name	
Your Email: *	
Email Address	
Please provide information for any other signers needed for this document.	
Issuee	*Required Field*
Name:	Enter Name & Email of the individual that the keys will be assigned to.
Full Name	
Email:	
Email Address	
Authorization	* Required Field * Enter Name & Email of the Department
Name:	Head, Chair or Director that will be
Full Name	authorizing the request.
Email:	
Email Address	
Master Key Approval	Only Dean or Associate Vice Chancellor (or designee) have the authority to approve Sub Master or Master keys.
Name:	Enter Name and Email
Full Name	
Email:	
Email Address	
	Once all required fields are completed, then 'Begin Signing'

DocuSign Envelope ID: AB911302-D602-4A61-9D03-30B8D6DB8B45

DEMONSTRATION DOCUMENT ONLY PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE 999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-020 www.docusign.com

KEY REQUEST FORM

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FACILITIES SERVICES

Part I - R Complete a	equestor nd obtain required signatures.					
Customer F	lequest #:	OPA (Required):				
Issue to:		CU (Banner) ID:				
Email:	P	hone Number:				
Department	/Unit:					
Check One:	Staff Faculty Temporary GA	TA				
Submit	a <u>work request</u> for your Key Request			Items	highlight	ted in
to receive a Customer Request Number.			red are required for DocuSian submission.			
	(ey(s) requested:					
Room #	Building	Serial Number	Grand Master	Master	Sub Master	Room Key
	select ~ ~					
			-9-	-9-	-9-	-9-1
			— <u> </u>	— <u> </u>		
2. No 3. Lo 4. No 5. Ko Ro 6. As	I keys remain the property of East Carolina University o key may be duplicated oss of a master key may result in rekeying an area or bu o key may be loaned to another individual. eys must be returned to the appropriate Facilities Servi eturn Reissue form can be completed. In ECU ID is required when picking up the key to ensur-	ailding at department ces Service Center u	oon termina		loyment or :	studies. A
	om number & select building op down list.					
suee:						
uthorization	Signature .				Date	
utii0112ati01	Signature				Date	
uthorization					D	
	Signature				Date	

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Signatures will be routed based on the PowerForm Signer Information. Forms with the incorrect authorizers will be denied by Facilities Services.