



Date Requested _____

Date Received _____

GRCC KEY REQUEST/TRANSFER FORM

Person to receive key issue: (Please Print Clearly)

Name: _____
Last First Middle

Department: _____ Title: _____

Type of Issue: _____ Permanent _____ Temporary, date to be returned _____

Reason for Issue: _____ New Issue _____ Replacement Issue _____ Transfer Issue

Reason for replacement _____

If a transfer issue, keys transferred from whom? _____

Person requesting keys: (If same as above, write in "same.")

Name: _____ Phone # _____
Last First Middle

Department: _____ Title: _____

KEYS NEEDED (FILL IN KNOWN INFORMATION)

KEY #	DOOR(S)/LOCK(S) TO BE OPENED	BUILDING	NOTES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Contact Information: E-mail requester E-mail recipient Other

AUTHORIZATION: Chief of Police _____

For key issues that effect multiple buildings, contact Campus Police at (616) 234-4010.

SEND TO THE CAMPUS POLICE DEPARTMENT, 418 MAIN BUILDING.