



Central New Mexico Community College

Key Request/Replacement Form

DATE: _____

TO: CNM SECURITY DIRECTOR

FROM: _____, _____, Ext. _____
Name Title

RE: REQUEST FOR ISSUANCE/DUPLICATION OF KEYS

I request the following keys be issued to the Staff/Faculty listed below who is/are current CNM employee(s) in the _____ Department/Program. Photo Identification is required to pick up key(s). You will be contacted when ready. A separate key control card will be required for each individually. After 30 days the requested keys will be shelved and this request filed.

#	Key Code	Name of Employee	Building	Room Number	Date Needed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Approved: _____ Date: _____
Department Head or Designee

Approved: _____ Date: _____
Security Director

Received: _____ Completed: _____

Date(s) Contacted: _____/_____/_____