

DATE: / /

Work Request Number: _____

(To be completed by FCSC)

CONTACT INFORMATION:

Name: _____

Phone: _____

Dept.: _____

FAX: _____

EMail: _____

Campus Address:

Please check all that apply:

Key Replacement: _____	How Many Keys Requested: _____
Core/Lock Change: _____	Key Code Numbers (if known):

Attn: Lockshop: If this request requires core change, + 1 key for Public Safety, if necessary.

LOCATION INFORMATION:

Building Name: _____

Room Number: _____

Department Name: _____

Additional Remarks: PLEASE INDICATE REASON FOR REQUEST.

DEPARTMENTAL AUTHORIZATION INFORMATION:

Name: _____

Signature: _____

Phone: _____ **E-Mail:** _____

Please Fax this request to: 617.373.5362
Attention: Arthur Smaldone (Lock Shop Supervisor)
DEPT.: Facilities Lock Shop
10 Gainsborough Garage

For Internal Use Only
Lock Shop Authorization:

Lock Shop Key Request Procedure

Please complete this form to request keys or core/lock changes and FAX to 617.373.5362 for processing.

Instructions for Key Requests:

Please do not FAX Instructions.

To all NU faculty and staff requesting key replacement or core/lock changes.

Download the form and please complete the Lock Shop Key Request form found at:

www.facilities.neu.edu/forms

Or at

www.workreq.neu.edu

Key Code numbers if known, should be included. Please note that you must include the reason for the request, as well as complete the Departmental Authorization information in order for the Lock Shop to process your request.