

UNIVERSITY OF MICHIGAN KEY REQUEST  
for a single door key

LAST NAME	FIRST NAME
UMID#	UNIQNAME

DEPARTMENT NAME OR CONTRACTOR COMPANY	
BUILDING NAME	ROOM#

KEY# (IF KNOWN)
AUTHORIZED SIGNER (PLEASE SIGN AND PRINT NAME)
DATE

<p>By signing below, I certify that I am the keyholder or I am an authorized representative of the keyholder. I accept full responsibility for returning the above key to the Key Office. The key will not be loaned, transferred, or duplicated under any circumstances, and if lost, it will be reported promptly.</p>
SIGNATURE
DATE