



**AUGUSTA**  
UNIVERSITY

AUMC Facilities Operations/Police Bureau

**Send Lock Shop:**  
lockshop@augusta.edu

**For Key Information Call:**  
Brittany Bendickson (706-721-6634)  
Chassidy Johnson (706-721-9494)

Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Dept. Head: \_\_\_\_\_

Please Print Name of Dept Head: \_\_\_\_\_

AVP of AUMC Signature: \_\_\_\_\_

Note: The signature of AVP of AUMC is only required for Great Grand Master keys.

**Reason for Request:**

- ☐ New Employee      ☐ Employee Transfer  
☐ Lost Key \*      ☐ Other: \_\_\_\_\_  
Effective Start Date: \_\_\_\_\_

**Key Holder Information**

(Required for each person requesting keys)  
PLEASE PRINT NAME:

Name: \_\_\_\_\_

AU Empl ID #: \_\_\_\_\_

or

AU Health T/A No: \_\_\_\_\_

Office Location: \_\_\_\_\_ Ext.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Key Information**

BUILDING CODE / NAME	ROOM # OR DESCRIPTION OF LOCATION (I.E. MASTER, COMMON, ETC.)	KEY NUMBER (IF AVAILABLE)	KEY TYPE	QTY
			<input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet	
			<input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet	
			<input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet	
			<input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet	
			<input type="checkbox"/> Door <input type="checkbox"/> Desk <input type="checkbox"/> Cabinet	

The Key Holder agrees not to duplicate nor permit duplication of the keys and will not give or loan keys to any other person. The Key Holder is required to pick up and turn in keys to the applicable AU Key Control Office upon termination of employment or transferring to another department.

\* If request is to replace a lost or stolen key, public safety must be notified.

LOCK SHOP USE ONLY Do not write in this section.

Bldg. Code: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_