

**Beth Israel Deaconess Medical Center  
KEY REQUEST FORM**

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

Name of Requestor: (Please Print first, Int., last)  
\_\_\_\_\_

Title: \_\_\_\_\_

Reason for Key(s)  
New Lock \_\_\_\_\_ New Employee \_\_\_\_\_

\*Lost \_\_\_\_\_ Other/Explain \_\_\_\_\_

Department \_\_\_\_\_

Building \_\_\_\_\_ Room # \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Page # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Lock Location	Type	Key Number	Type	Key Number
Building _____	Peaks _____		Lockwood _____	
Floor _____	Best _____		Desk/File _____	
Room _____	Yale _____		Other _____	

Please List Person(s) to be the recipient of Key(s) (Please Print)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

**\*Lost Key : Please explain how lost:** \_\_\_\_\_

\_\_\_\_\_

Authorized By \_\_\_\_\_ (Please Print Name – Then – Initial) Telephone ext. ( \_\_\_\_\_ )

Department Manager \_\_\_\_\_ Int. \_\_\_\_\_ Date: \_\_\_\_\_

Public Safety Director \_\_\_\_\_ Date: \_\_\_\_\_

Maintenance Operations Director \_\_\_\_\_ Date: \_\_\_\_\_

Maintenance operations will notify you via email when key(s) are ready for pick up.

Key(s) can be picked up in the Public Safety office on the West Campus, Farr 1<sup>st</sup> floor. 24 hours a day, 7 days a week

Fax Completed Form to 617-975-5107 or 5-5107