

# TVC Facility Key Authorization Request Form

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

Phone #: \_\_\_\_\_

- Volunteer
- Intern
- Staff
- For Event at Campus Marked Below  
(will return key following event)

Reason Key(s) are Needed:

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What Areas are Keys Needed for:

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Which Campus?

- Hastings
- Middleville
- Delton

I agree to the following:

- I will not give out my key to anyone without prior approval from Office Manager or Staff Leader.
- I will not make duplicate keys.
- I will return my key(s) to my Staff Leader or the Office Manager, when my employment/volunteer position has ended, or after event date.

Volunteer/Staff Signature: \_\_\_\_\_

Staff Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Assigned KEY(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_