



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

Rekey Request Form

Name: _____

Department: _____ Account Number: _____

Banner ID Number: _____ Phone: _____

Building	Room #	Key to	# of Keys & to Whom

Reason for Request: _____

This request must be signed by the the following:

Building Coordinator Print: _____

Sign: _____

Dean/Chairperson Print: _____

Sign: _____

Please be advised, this form is only to request a rekey.

A Key Request Form must be submitted to order and receive the new keys.

Please print out form and mail or fax to the Lockshop, Facilities and Planning Office.

Any questions/concerns, please call the F&P Service Center x2408. F&P Fax: 395-2502