

**Dakota College at Bottineau
KEY REQUEST FORM**

Keys will be issued in accordance with the key control policy.

# of Keys	Building	Room #	Name of Key Holder

Justification for Key Request :

Authorizations and Approvals

Request by: _____ Date : _____

Supervisor: _____ Date: _____

Campus Dean: _____ Date: _____

Business Manager: _____ Date: _____

Request completed by: _____ Date: _____