

**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: _____
Request completed by: _____ Date: _____