Dakota College at Bottineau

**KEY REQUEST FORM**

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

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| --- | --- | --- | --- |
| # of Keys | Building | Room # | Name of Key Holder |
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**Justification for Key Request :**

**Authorizations and Approvals**

# Request by: Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Campus Dean: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request completed by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_