



# REPORT OF KEY LOSS

1. SELECT ONE:  Faculty  Staff  Student  Dept.

Your Name

Department

SSU I.D. Number:

Date

## 2. CIRCUMSTANCES CONCERNING LOSS OF KEY(S)

Provide date and place of key loss, as best known, including all details that could possibly compromise campus locks such as identification lost with key.

## 3. KEY(S) LOST:

Position No.	Sequence No.	Bldg/Room

Position No.	Sequence No.	Bldg/Room

**X**  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. APPROPRIATE ADMINISTRATOR: (Entire section must be completed by AA.)

Is department requesting re-key?

Do you authorize Seawolf Service Center to issue key replacements?

**X**  
Signature of Appropriate Administrator \_\_\_\_\_ Date \_\_\_\_\_

## 5. Lost Key Charge:

Amount Paid to Seawolf Service Center: \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_

## 6. For Department Ring Key Loss Only:

Amount to Charge Back Department: \$ \_\_\_\_\_

Chart Field Account Number: 660021 - \_\_\_\_\_ - \_\_\_\_\_  
(Fund and Dept. ID Required)

## Seawolf Service Center Use Only:

Lost Key(s) information entered on Key Issue Card: \_\_\_\_\_

Replacement key(s) issued: No: \_\_\_\_\_ If Yes: \_\_\_\_\_

REPORT OF KEY LOSS REVIEWED: \_\_\_\_\_

Action to be taken: None: \_\_\_\_\_ If Yes: \_\_\_\_\_

DATE

INITIALS

\_\_\_\_\_  
\_\_\_\_\_