



MASSEY UNIVERSITY  
ALBANY

ALBANY CAMPUS  
STAFF KEY APPLICATION FORM

GIVEN NAME:..... SURNAME:.....

DEPARTMENT:..... PERMANENT STAFF: Yes / No

EXT NO:.....

*If you are moving from one area to another, please provide details of where you are moving from .....*

**Keys must be collected in person from Facilities Management, Building 34**

Please supply the above named person with keys for the following building(s) and room(s)

KEY START DATE:.....

KEY EXPIRY DATE: .....

(Maximum 1 Year – Keys will be renewed on a yearly basis.)

<u>Building</u>	<u>Room</u>	<u>Key No.</u>	<u>Return Date</u>	<u>Signature</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

*Office Use Only*

.....  
**AUTHORISED BY: (please sign and print name)** Date

(Head of Department / Administrator / Secretary)

Your key request may necessitate getting additional keys cut; in this event, associated costs will be charged to the authorising department. Please note: Lost keys may incur an administration/replacement fee.

**Authorised key forms can be posted to:**

Keys, Facilities Management, AL280 or scanned and emailed to [albhelpdeskrfm@massey.ac.nz](mailto:albhelpdeskrfm@massey.ac.nz)

We will phone you when your keys are ready for collection.

**OFFICE USE ONLY**

DATE: ...../...../.....

SIGNATURE: .....