

WEBER STATE UNIVERSITY KEY DECLARATION FORM

Name: _____

W Number: _____ Phone Number: _____

Department/Division: _____ Position: _____

Faculty
 Staff
 Hourly
 Student
 Other: _____

KEYS IN YOUR POSSESSION

BUILDING	ROOM/LOCATION	KEY NUMBER	QUANTITY

Please continue list on the other side of this page if necessary

Keyholder: _____ Date: _____

Immediate Supervisor: _____ Date: _____
(And/Or Dean or Department Head)

*Return any unneeded keys to the Facilities Management Key Lock Shop
 1402 Edvalson St. Dept 2203 Ogden, UT 84408-2203
 Please call extension 8042 with any questions or concerns. Thank you.*