REQUEST FOR RE-KEYING OFF MASTER SYSTEM
UNIVERSITY OF NEBRASKA-LINCOLN

Unique circumstances may justify removing locks for special rooms from the building master key system. Individuals desiring this arrangement for one or more doors must use this form to request approval from the department leadership, UNL Police, and BSM Key Shop Manager.

UNL Police and Building Systems Maintenance will retain keys/combinations to all areas including special rooms authorized to be keyed off the master key system. Custodial Services will have a key only if the requestor authorizes it. In the event that emergency response personnel need to enter the room and the master key/combination fails to grant access, the department requesting that the room be removed from the master system will be held responsible for any damage that occurs as a result thereof including repairs to doors, walls, locks, etc.

Power Lever Locks are considered off the Master Key System. Power Lever Key Pad locks will not be considered for any areas deemed High Security by University Police or Environmental Health and Safety. These locks provide minimal accountability to control access and therefore should only be considered for convenience.

Please complete the following (print legibly) to request OFF-MASTER-SYSTEM keying. Obtain approval signatures in the order listed. A separate form must be submitted for each door except where several doors enter the same space. If the request is approved, the BSM Key Shop will retain the original form and re-key the approved door(s) at the department’s expense.

Date of Request: ___________________ Department Name: _____________________________________________

Is this a request for a Power Lever Lock? : YES _______ NO ________

Building and Door Number: ______________________________________________________________________

Room Function: _________________________________________________________________________________

Reason for request: _____________________________________________________________________________

Do you want Custodial Services to have access? YES_________ NO__________

Cost Object to charge: __________________________________________________________________________

APPROVAL SIGNATURES (ALL ARE REQUIRED)

_________________________________________  ___________________________  Date: ________________
Department Head (print name)  Signature

_________________________________________  ___________________________  Date: ________________
Dean (print name)  Signature

_________________________________________  ___________________________  Date: ________________
Key Manager (print name)  Signature

When the department’s Key Manager, Department Head, and Dean have signed, forward to UNL Police-Building Access, 300 North 17th Street, 68588-0634 for approval and additional signatures.

Approved _______  Not Approved _______  Remarks: ____________________________________________

_________________________________________  ___________________________  ___________________________
Building Access (print name)  Signature  Date

_________________________________________  ___________________________  ___________________________
Key Shop Manager (print name)  Signature  Date