



ALAMO COLLEGES

NORTHEAST LAKEVIEW COLLEGE

Northeast Lakeview College Key Request Form

Social Security Number (last four digits): _____ Date: _____

Name (last name, first): _____ Location: ___ NLC

Building: _____ Room: _____ Key Number: _____ Key Number: _____ Key Number: _____

Department: _____ Faculty: ___FT ___PT Staff: ___FT ___PT

Justification: _____

Department Chairperson/Director (signature): _____

Vice President (signature): _____ College Services (signature): _____

President of College (signature) : _____

*****For Master Keys & GGM Keys Only*****

Assistant Director of Facilities for Operations (signature): _____

Executive Vice Chancellor or College President (signature): _____

*****For Office Use Only*****

Issued: _____ Date: _____

Returned: _____ Date: _____