



**PUBLIC SAFETY DEPARTMENT**  
**Physical Security Division**  
 3301 College Avenue  
 Fort Lauderdale - Davie, Florida 33314  
 Phone: (954) 262-8988  
 Fax: (954) 262-3955  
[www.nova.edu/publicsafety/aboutus/locksmith.html](http://www.nova.edu/publicsafety/aboutus/locksmith.html)

**SECTION #1 - PLEASE CHECK ONE:**

**KEY REQUEST**  
**WORK ORDER**  
**EMERGENCY WORK ORDER**

Email Completed Forms to [locksmith@nova.edu](mailto:locksmith@nova.edu)  
 or Fax Completed Forms to (954) 262-3955

**CONFIDENTIAL INFORMATION**

**SECTION #2 - PLEASE PRINT - FILL OUT EACH FIELD (ONLY COMPLETE FORMS WILL BE ACCEPTED)**

Date:	Center/Department:	Division:	Department Code:		
Requested By:	NSU ID #: <b>N</b>	Email Address:	Phone:	Building:	Room:
Approved By:	Signature:	Phone:	Fax:	Building:	Room:

**SECTION #3 - PLEASE PRINT - LIST UP TO FIVE NAMES FOR SAME KEY CODE ONLY (EACH DIFFERENT KEY CODE REQUIRES A SEPARATE REQUEST)**

Requested For:	NSU ID #: <b>N</b>	Email Address:	Phone:	Building:	Room:
Requested For:	NSU ID #: <b>N</b>	Email Address:	Phone:	Building:	Room:
Requested For:	NSU ID #: <b>N</b>	Email Address:	Phone:	Building:	Room:
Requested For:	NSU ID #: <b>N</b>	Email Address:	Phone:	Building:	Room:
Requested For:	NSU ID #: <b>N</b>	Email Address:	Phone:	Building:	Room:

**SECTION #4 - PLEASE PRINT - LOCK & KEY INFORMATION**

Campus/SEC Location:	Building:	Floor:	Room:	Stamping on Key:	Stamping on Lock:	
If not precise location above, please describe:						
Work Order or Key Request For (Please Check One):			If Other, Please Describe:			
<input type="checkbox"/> Door	<input type="checkbox"/> Safe/Vault	<input type="checkbox"/> Locker	<input type="checkbox"/> Desk	<input type="checkbox"/> File Cabinet	<input type="checkbox"/> Padlock	<input type="checkbox"/> Other:
Does anyone have a key at your location that can be duplicated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name:	NSU ID #: <b>N</b>	Phone:	
Work Order or Key Request Due To (Please Check One):			If Other, Please Describe:			
<input type="checkbox"/> New Installation	<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Change/Re-key Lock	<input type="checkbox"/> Change Combination	<input type="checkbox"/> Other:		
Lost Key	Date PSD Lost Property Report Filed:	Person Report Filed By:	Email Address:	Phone:		
Transfer	Key Transferred From:	NSU ID #: <b>N</b>	Key Transferred To:	NSU ID #: <b>N</b>		
Comments:						

**PUBLIC SAFETY PHYSICAL SECURITY DIVISION USE ONLY**

Code:	Key Tag:	Service/Parts on Order #1:	PO #1:		
Keyway:	Lock Brand:	Service/Parts on Order #2:	PO #2:		
Bitting:	Function:	Sales/Contact Person #1:	Date Ordered #1:	Ordered By #1:	
Ultracode or 1200 PCH Code Card:	Finish:	Sales/Contact Person #2:	Date Ordered #2:	Ordered By #2:	
PSD Completed By:	Date Completed:	Date Service/Parts Received:	PSD Checked In By:		
Keys Received By (Printed Name):	Signature:	Date Received:	# of Keys:	PSD Delivered By:	
Parts Received By (Printed Name):	Signature:	Date Received:	# of Parts:	PSD Signature:	