

**Requestor Information** 

room number request.

## **Room Number Request**

Requestor Name:
Requestor Email:
Requestor Department & Title:
Project Information
Project Title:
Project Manager Name:
Project Expected Start Date:
Project Expected Completion Date:
Scope of Work:
I understand that it is my responsibility to request room access through the Key Management System (KMS) once the room number request has been completed.  Key Management System (KMS)   Operations Division   TTU

I have read the Room Numbering Standards OP (OP61.21) prior to submitting the

OP 61.21: Room Numbering Standards | Operating Policies & Procedures | TTU

Submit this form and required files to spacepladmin.facinvcomm@ttu.edu

3122 Main Street Lubbock TX 79409 Box 45091 T 806.742.2102