Key Privileges Request Form

	Physical Keys		Building Access	Both
Reques	tor Name:			
Cat Car	d Number:		<u> </u>	
Email A	ddress:		<u> </u>	
Building	g Room(s) Access:			
Reason	for Request:			
Duratio	on of Request: Start	End _		
To be c	ompleted for physical keys only	(Requestor ne	eds to initial each statement	t below)
	The key holder is person	nally accountab	le for all University keys issu	ued to them.
	Misuse of key and the key privileges are subject to disciplinary action.			
	University keys may not be exchanged or loaned.			
	Lost or stolen keys must charged for changing locks, and key accesses (the fee is determined)	d replacement o	of all keys issued for that do	ost or stolen, key holder will be or and any door for which the
Building	g Access (Requestor needs to init	tial statement l	below)	
	Doors are NOT to be pro	opped open aft	er hours/on weekends.	
Request	tor should type full name and sig	gn below:		
	l,			
	Department once my assignment in the text above.	nt has been co	mpleted. I also understand a	all statements initialed by me
	Signature of Requestor		Date	
Sponsoi	r member needs to initial each st	tatement belov	v, and sign:	
	I understand the department above mentioned, to be respondoor if required, should the about	nsible for the co		or the cost of re-keying the
	I understand undergradu	uates are not to	o be in the lab unsupervised	l .
	Signature of Sponsor		Date	
For De	epartment Use Only			
Name:	:	Entered in c	latabase:	
Return	<i>Date:</i> Department:	Key Desk:	Database:	