

Key Privileges Request Form

Please note: Undergraduate students are not issued keys or given CatCard access to the building without special permission from the Department Head. Undergraduates must always be supervised when in the building after-hours and on weekends. Building Access Both Physical Keys Requester Name: Employee/Student ID: UA Email Address: Employment Type:_____ Building _____ Room(s) Access:_____ Reason for Request: Duration of Request: Start date _____ End date **To be completed for physical keys only** (Requester needs to initial each statement below) Keys may only be picked up from the individual whom the key is being issued, (MUST present a UA CatCard). The key holder is personally accountable for all University keys issued to them. It is the key holder responsibility to return all keys to the FM Key Desk prior to leaving the University or department. Never throw keys away. The transfer, exchange or loaning of University keys is PROHIBITED. Lost keys must be reported to the business office within 24 hours. Lost key replacement request will be required. DO NOT take University keys out of state or out of country. Stolen keys must be reported to UAPD IMMEDIATELY and obtain a copy of the UAPD police report. Stolen key replacement request will require a copy of the UAPD police report. Misuse of key and the key privileges are subject to disciplinary action. **To be completed for building access only** (Requester needs to initial statement below) Doors are NOT to be propped open after business hours or on weekends. A silent alarm will sound and call UAPD. Requester should type full name and sign below: , promise to return the keys mentioned above to the FM Key Desk or business office once my assignment has been completed. I also understand all statements initialed by me in the text above. Date Signature of Requester Supervisor needs to initial statement below, and sign: I understand the department will require me as the supervisor, who is sponsoring the above mentioned, to be responsible for the cost of the replacement key or the cost of re-keying the door if required, should the above requester lose or not return the key(s) issued to them. Signature of Supervisor Date For Department Use Only

Name:

Date entered in database: