

THE UNIVERISTY OF ARIZONA PSYCHOLOGY DEPARTMENT
KEY PRIVILEGES REQUEST

Physical Keys

Building access

Both

Requestor Name: _____

Cat Card Number: _____

Email Address: _____

Building _____ Room(s) Access: _____

Reason for Request: _____

Duration of Request: Beginning _____ Ending _____

Key holder needs to initial each statement below. (Only complete for Physical Keys)

_____ The key holder is personally accountable for all University keys issued 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 be reported within 24 hours. If keys are lost or stolen, key holder will be charged for changing locks, and replacement of all keys issued for that door and any door for which the key accesses. (The fee is determined by the University Key Desk).

Building Access:

_____ Doors are **NOT** to be propped open after hours/on weekends.

I, _____, promise to return the keys mentioned above

Requestor

to the Department once my assignment has been completed. I also understand all statements initialed by me in the text above.

Signature of Requestor

Date

_____ I understand the department will require me as the **faculty** member, 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 non-employee not return the key(s) issued to them.

_____ I understand undergraduates are not to be in the lab unsupervised.

APPROVED BY _____
Faculty Sponsor **Date**