

The University of Arizona Psychology Department
Key Privileges Request Form

Physical Keys

Building Access

Both

Requestor Name: _____

Cat Card Number: _____

Email Address: _____

Building _____ Room(s) Access: _____

Reason for Request: _____

Duration of Request: Start _____ End _____

To be completed for physical keys only (*Requestor needs to initial each statement below*)

_____ 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 (*Requestor needs to initial statement below*)

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

Requestor should type full name and sign below:

I, _____, promise to return the keys mentioned above 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

Faculty member needs to initial each statement below, and sign:

_____ 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.

Signature of Faculty Sponsor

Date

For Department Use Only

Name: _____ Entered in database: _____

Return Date: Department: _____ Key Desk: _____ Database: _____