

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ID# \_\_\_\_\_

DOOR #	KEY #	DATE ISSUED	ISSUED BY	REC'D BY	DATE OF RETURN	RECEIVED BY	VOUCHER # (IF STUDENT)

**If student:**

Check #	Cash	Date Paid	Receipt #

FACULTY  STAFF  UNDERGRAD  GRAD  VISITING FACULTY

**I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ALL KEYS ISSUED TO ME, THAT KEYS ARE NOT TRANSFERABLE, AND THAT LOSS OF KEYS OR FAILURE TO RETURN THEM WILL INCUR A \$100.00 CHARGE PER KEY FOR FACULTY AND STAFF AND \$50.00 CHARGE FOR STUDENTS.**

**ALL KEYS ISSUED TO STUDENTS WILL INCUR A ONE TIME DEPOSIT OF \$50.00 TO BE REIMBURSED WHEN KEYS ARE RETURNED.**

**IN THE EVENT THAT A FOB IS LOST OR DAMAGED, I UNDERSTAND THE REPLACEMENT COST WILL BE \$10.00 AND I WILL BE REQUIRED TO PAY THIS FEE.**

\_\_\_\_\_  
SIGNATURE OF FACULTY/STAFF/STUDENT

APPROVED: \_\_\_\_\_  
DEPARTMENT HEAD OR DESIGNEE FOR FACULTY & STAFF  
FACULTY ADVISOR FOR STUDENT

**Graduate Student Desk Key**

DOOR	KEY #	DATE ISSUED	ISSUED BY	DATE OF RETURN	REC'D BY

**IF YOU HAVE NOT RECEIVED YOUR KEY(S) WITHIN THREE (3) WORKING DAYS, PLEASE CALL KATE RYAN @ 515-6640.**