

**COLLEGE OF TEXTILES
KEY REQUEST**

NAME: _____

DATE: _____

DEPARTMENT: _____

PHONE: _____

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

FACULTY **STAFF**

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.

SIGNATURE OF FACULTY/STAFF

APPROVED: _____
DEPARTMENT HEAD OR DESIGNEE

STUDENT

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 \$50.00 CHARGE PER KEY. ALL KEYS ISSUED TO STUDENTS REQUIRE A DEPOSIT OF \$50.00 TO BE PAID AT THE TIME THE KEY IS ISSUED.

SIGNATURE OF STUDENT

APPROVED: _____
FACULTY ADVISOR OR DEPARTMENT HEAD

Graduate Student Desk Key

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

IF YOU HAVE NOT RECEIVED YOUR KEY WITHIN THREE (3) WORKING DAYS, PLEASE CALL 515-6642.