



# Key Loan/Access Device Authorization/Receipt

Keys/Card Requested For:

Name (Last, First):

ID Number:

Department:

Employment Type:

Area(s) Issued For:

Building Address:

Room/Office Number:

Request Type:

Key/Lock Code\*:

\*(If someone has the same key, please provide code stamped on it. If this is a file cabinet or desk, please provide code stamped on lock.)

Will Pick Up When Ready:

Send Via Campus Mail:

Mailcode:

Notes:

## Supervisor Authorization

Supervisor:

Phone No.:

\_\_\_\_\_  
Supervisor Signature (Required)

\_\_\_\_\_  
Date

## Receipt of Keys Agreement

I acknowledge the receipt of the keys listed above. I agree not to give or lend the above keys to others, nor to make unauthorized copies of the above keys. Failure to return keys upon request may be punishable under the campus judicial system or local court.

**ALL KEYS/ACCESS CONTROL DEVICES MUST BE RETURNED PROMPTLY TO THE OFFICE OF POLICE AND SECURITY PRIOR TO TERMINATION WITH THE UNIVERSITY.**

Printed Name:

Signature:

Date:

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