

Department of Architecture

Key Request Form

The following information is necessary to check out a room key. The information provided must be for the individual to whom the key will be issued.

Last Name

First Name

Employee/Student ID#

Phone Number

Email Address

Room Number

Date of Expected Return

Purpose of Use

By signing this document the signatory accepts full responsibility for the return of the key issued indicated by the "Date of Expected Return" field above. The signatory also agrees to financial responsibility for replacement in the case that the key is not returned on the above mentioned date. This financial responsibility may include costs to replace damaged keys or re-keying locks if key is lost.

Signature _____ Date _____

Private Office Access Authorization

If this request is for a private office, the resident of that office must sign below.

Signature _____ Date _____

For Office Use Only

Approved by _____ Date _____

Key Number Issued _____ Notes _____

(rev. 05/07)