

THE UNIVERSITY OF ARIZONA PSYCHOLOGY DEPARTMENT
KEY PRIVILEGES REQUEST FOR ALL PERSONNEL

Key Holder Name: _____

Email Address: _____

Building _____ Room(s) Access: _____

Reason for Request: _____

Duration of Request: Beginning _____ Ending _____

Key holder 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).

_____ Key holder must carry room privilege card at all times while in the building, this is your permission to be here.

I _____ promise to return the key and Room

KEYHOLDER

Privilege Card for 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 Key holder

Date

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.

APPROVED BY _____

Faculty Sponsor

Date

If an **entrance key** is needed please be specific as to why the non-employee would need this key:

Department Head Approval (for entrance key) _____

Date

Name _____
To be filled out by admin. Office staff _____
entered in data base _____
RETURN DATE: dept _____
Keydesk _____
database _____