

Key Registration Card

Name: _____ Date: _____
Status: _____ Key #: _____ Opens rooms: _____
PI: _____
Email: _____

Policy:

- * With the exception of faculty or administrative assistants, issuance of a key requires an authorization.
- * Termination from the department for any reason requires that all keys be returned. Procedures for departure including payroll authorization will not be processed until all keys are returned.
- * Possession of a key or keys is not transferable. The keyholder assumes full responsibility for the key.

Keyholder signature: _____

Faculty or Supervisor Authorization

I authorize the individual indicated above to be issued a key and to have access to the area designated.

Signature: _____ *Date:* _____

Office use only:

- | | |
|---|---|
| <input type="checkbox"/> Database | <input type="checkbox"/> Listserv |
| <input type="checkbox"/> Directory (___ Excel and ___ web) | <input type="checkbox"/> Welcome letter |