

FACULTY AND STAFF KEY AUTHORIZATION FORM

I, _____, authorize the distribution of the listed keys to
Staff Member/Faculty/Administrator/Dept. Chair

Date: _____

Name Faculty _____ Staff _____

Area within Department: _____

Room # **Key Code # (office use)** _____
Room # **Key Code # (office use)**

Room # **Key Code # (office use)** _____
Room # **Key Code # (office use)**

Room # **Key Code # (office use)**

Signature: **X** _____
Staff Member/Faculty/Administrator/Dept. Chair

Return this form to Elliott Hall N218.
You will be e-mailed when keys are ready (allow 5 business days).

PLEASE READ THE FOLLOWING BEFORE SIGNING

There will be a \$50 charge for each lost key.

I accept responsibility for the keys listed above and agree to the terms stated herein.
I agree to return them promptly upon the end of my appointment in the Department of Psychology.

Signature: **X** _____

Date of Pick Up: _____

Office use only

(Keys Check Out) By: _____ Date Entered: _____
(Keys Returned) By: _____ Date Entered: _____