



KEY ISSUE FORM

Research & Extension Center

NAME: _____ PHONE: _____

ADDRESS: _____

KEY NUMBER	KEY DESCRIPTION	DATE OUT	INITIALS	DATE LOST	DATE RETURNED	SIGNATURE

By signing below, I agree to the following requirements for the security of the keys issued to me:

- Keys shall not be duplicated for any reason.
- Lost or stolen keys shall be immediately reported to the Key Control Manager.
- Problems with keys and/or locks shall be reported immediately to the Key Control Manager.
- Keys shall not to be loaned out to other employees or visitors without prior authorization of the Key Control Manager.
- In the event that the assigned key is not returned upon request by the Key Control Manager, I or my administrative unit, may be charged for the replacement of new lock(s) and key(s) to the entire facility.

Failure to follow the above requirements may result in the forfeiture of keys and/or future key privileges.

Signature

Date