Facility Key Request: Authorization to Obtain Keys

NAME ___________________________ KEY (S) ___________
SIGNATURE_______________________ BUILDING(S)_________

I, the undersigned, do hereby take full responsibility for the above designed key(s) and will abide by the following rules:

1. The key(s) will not be duplicated under any circumstances.
2. I will not permit any other person to use said key(s)
3. I will return the key(s) when assignment or need terminates, or when requested by the supervisor.
4. Lost key(s) should be reported immediately to their Supervisor.

AUTHORIZING SIGNATURE ___________________________ DATE___________

If Temporary Assignment – Dates included______________________________

Date key (s) returned ____________________