



KEY AUTHORIZATION FORM

DATE: _____

NAME: _____

EMAIL: _____

ROOM # _____ EVANS / DUPONT (KEY #: _____)

DESK # _____ EVANS / DUPONT (KEY #: _____)

REASON FOR KEY: _____

NAME OF ADVISOR / SPONSOR: _____

ADVISOR/SPONSOR SIGNATURE: _____

I AGREE TO THE FOLLOWING:

I WILL NOT LEND THIS KEY

I WILL NOT PERMIT THIS KEY TO BE DUPLICATED

I WILL RETURN THE KEY WHEN IT IS NO LONGER NEEDED FOR UNIVERSITY DUTIES:

KEY HOLDER SIGNATURE: _____

DEPOSIT: \$ _____ DATE ENTERED INTO SPREADSHEET: _____

RETURN INFORMATION:

DATE: _____ ROOM #: _____ DEPOSIT AMT: \$ _____

DATE ENTERED INTO SPREADSHEET: _____