

Sul Ross State University Key Request Form

Date: _____ Dept: _____ Acct # to be billed: _____

Issue to: Name: _____ ID # _____ Phone# _____

Faculty/Staff _____ Student _____ Part time _____ Temporary _____ Replace lost key _____
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Key Requested: _____ Key is for: _____ How many? _____
This is the # on the key ex: AAA1 Building and Room #

Key Requested: _____ Key is for: _____ How many? _____
This is the # on the key ex: AAA1 Building and Room #

Key Requested: _____ Key is for: _____ How many? _____
This is the # on the key ex: AAA1 Building and Room #

Key Requested: _____ Key is for: _____ How many? _____
This is the # on the key ex: AAA1 Building and Room #

Department Head/Chair Signature: _____

Department Head/Chair **PRINTED** Name: _____

Master/Sub-Master Key

Justification for key requested:

President or Executive Vice President Signature:

Acknowledgment of Responsibility

I _____, acknowledge that I am accepting full responsibility for all keys that I sign out from the UDPS. My responsibilities include but are not limited to:

1. Using the key(s) to access State property for the purpose of business only.
2. Safe guarding the key(s) from loss, theft and damage.
3. Reporting to the UDPS immediately any lost, stolen or damaged key(s).
4. Reporting to the UDPS immediately any defect in the key(s) or locking mechanism.
5. Understanding that the key(s) are issued to me personally and are not transferable to another faculty/staff/student or any other persons.
6. Understanding that I am not under any circumstances to make duplicate key(s).
7. Accepting full financial responsibility for repair or replacement of lost, stolen or damaged key(s) and **I authorize payroll deduction for fees as listed in the Administrative Policy Manual.**
8. Upon separation from SRSU, I will personally return the key(s) to UDPS.

Signature

Date

PLEASE ALLOW THREE BUSINESS DAYS FOR REQUEST TO BE FILLED.

U.P.D USE ONLY

How many keys cut? _____ Charges to Department \$ _____ Date order rcvd: _____ Date order filled: _____