Sul Ross State University Key Request Form

Date: ___________ Dept: ______________ Act# to be billed: ________________________________

Issue to: Name: ___________________________________ ID#: __________________ Phone#: ________________________________

Faculty/Staff____ Student______ Part time_______ Temporary_______ Replace lost key______

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: __________