# TSJC KEY REQUEST

S-Number _____

Name _____

Department _____

Phone _____

Building _____

Room _____

Employee Status _____

Supervisor Name _____

_____ _____

Supervisor Signature Date

ACCESS REQUEST: (Please provide building and room no.)

_____

_____

_____

_____

I hereby agree to be responsible for the use of this key. I will not lend it, give it to any other person, or use it in an unauthorized area. I will not have copies made of this key or allow copies to be made by any other source. I will return the key to the Physical Plant immediately upon termination or change in access need.

In the event of loss of keys or failure to return them to Physical Plant, I understand that I will be charged $25 per key. A new key will not be issued until payment is made.

I have read and agree to the above statements and to the rules to which they apply.

_____ _____

Key Recipient Date