THE UNIVERSITY OF ARIZONA PSYCHOLOGY DEPARTMENT
KEY PRIVILEGES REQUEST

Key Holder Name: ____________________________________________
Cat Card Number: ____________________________________________
Email Address: ____________________________________________
Building ________ Room(s) Access: ______________________________
Reason for Request: __________________________________________
Duration of Request: Beginning ___________ Ending ____________

Key holder needs to initial each statement below.

____ The key holder is personally accountable for all University keys issued to them.
____ Misuse of key and the key privileges are subject to disciplinary action.
____ University keys may not be exchanged or loaned.
____ Lost or stolen keys must be reported within 24 hours.
____ If keys are lost or stolen, key holder will be charged for changing locks, and replacement of all keys issued for that door and any door for which the key accesses. (The fee is determined by the University Key Desk).
____ Key holder must carry room privilege card at all times while in the building, this is your permission to be here.

I, ____________________________, promise to return the key and Room KEYHOLDER Privilege Card for the keys mentioned above to the Department once my assignment has been completed. I also understand all statements initialed by me in the text above.

________________________________________  _________________________
Signature of Key holder                          Date

I understand the department will require me as the faculty member, who is sponsoring the above mentioned, to be responsible for the cost of the replacement key or the cost of re-keying the door if required, should the above non-employee not return the key(s) issued to them.

APPROVED BY ________________________________  _________________________
Faculty Sponsor                          Date

If an entrance key is needed please be specific as to why the non-employee would need this key. Also note, if this key is requested for an undergraduate (non-employee) who will be working in the evening or on the weekends, that they will require supervision while in the building.

________________________________________
Department Head Approval (for entrance key)  _________________________ Date