

Art & Art History Department
Program in Technocultural Studies
University of California
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Key Check Issue Form

Name

Address

Phone:

ID #

Staff **Faculty** **Visiting Faculty** **Student** **Volunteer**

I understand and agree that:

1. I am responsible for the University key(s) issued to me and for immediately reporting their loss or theft Police Dept. and my supervisor or dept. chair. I will keep keys in my possession (not laying around).

2. The key(s) issued to me may not be transferred or loaned to another person.

3. I understand that duplication of University keys is a crime (State of California Penal Code, Section 469). Do not duplicate University keys.

4. ALL keys must be returned to Roberta Devine upon my transfer to another dept., termination of employment, withdrawal from school, or when use of the keys becomes unnecessary or unauthorized.

5. Failure to return ALL keys will result in withholding of grades, forfeiture of deposit, and/or charge for re-keying.

6. A deposit will be left with bookkeeper at time of key check out.

Signature _____

Date _____

| Key Number | Serial Number | Date Out | Date In | Initials of Person Checking Out/In |
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