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University of California
The Arts Administrative Group
1 Shields Ave.
Davis, CA 95616-5270
530-752-0106 ph.
530-752-6750 fax

Key Check Issue Form

Name: _____

Address: _____

_____

Phone: _____

E-mail: _____

☐Staff ☐Faculty ☐Visiting Faculty ☐Undergrad ☐Graduate ☐Volunteer

☐ Lab Monitor in: ☐ Other: Alarm Code:

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 to the Police Dept. and my supervisor or dept. chair. I will keep the keys in my possession (not lying 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 the main office 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 the re-keying.
6. A DEPOSIT in the amount of $_____ will be left with the main office at time of key check out.

Signature Date

Key #	Serial Number	Date Out	Date Returned	Key Custodian's initials: Key(s) Out/In	
				Out	In