

KEY REQUEST FORM FOR LBJ STUDENT CENTER

Please use Blue/Black Ink or Type Form

PLEASE PRINT CLEARLY:

Date: ____/____/____

Keyholder's Name: _____

Circle One: Staff Student Grad

TX STATE ID #: _____

Intern Other _____

Dept: _____

"Drivers License" Address: _____

Dept. Phone #: _____

NET ID username: _____

Home Phone: (____) _____

I UNDERSTAND AND AGREE THAT:

1. I am responsible for the Student Center keys issued to me and agree to report their loss, theft or damage immediately to the Building Operations Supervisor as well as to my supervisor or department head. I agree to pay \$15.00 for each key lost, damaged or stolen. I also agree to pay for the cost of replacing cores to respective doors if the lost key is a master key, sub-master key or change key. The key will not be replaced until the lost key is paid for.
2. The keys issued to me may not be transferred or loaned to another person. I understand that unauthorized duplication, use, or possession of Student Center keys is not allowed and that if I am found negligent, I may be required to return any or all keys.
3. All keys will be returned to the Staff Key-Keeper upon my transfer to another department, termination of employment, withdrawal from school, or when the use of the keys becomes unnecessary or unauthorized.
4. For Students, Grad Assistants, and Interns: I understand that if I fail to return the keys issued to me by my last day of employment, the Student Center will refer the matter to Student Justice and I will be unable to register for classes or receive transcripts until the matter is resolved.
5. For Staff: I understand that if I fail to return the keys issued to me by the last day of employment, the matter will be referred to the VPSA office and a hold will be placed on my final paycheck(s) until the matter is resolved.

This signature only indicates I understand above rules.

SIGNATURE: _____

Room #	Key#	Supervisor Approval (Must be STAFF)	Keyholder Signature <small>(Do not sign here until you pick up your key)</small>	Date Rec'd	Date Ret'd	Collected By
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	_____	____/____/____	____/____/____	_____

Approval: Building Operations Supervisor, LBJSC

Date

Approval: Director's Office, LBJSC (master keys only)

Date