

**KEY MUST BE PICKED UP Monday thru Friday
BETWEEN 2:00 – 4:00p.m. IN ROOM 200 FLG
KEY REQUEST FORM**

Faculty ____ Staff ____ Student ____

NAME: _____ UF ID#: _____

YOUR POSITION: _____

HOME ADDRESS: _____

HOME PHONE #: _____

DEPT. OR CLUB: _____

WORK PHONE #: _____

WORK ADDRESS: _____

KEY TO ROOM #: _____

EXPECTED RETURN: _____

READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I understand that this key(s) is to be used only by me, and that no copies are to be made. I take full responsibility for the security of the above location. I also understand I am financially responsible for keys that are lost or not returned and the re-keying of cylinders.

Signature: _____ **Date:** _____

JUSTIFICATION: _____

DEPARTMENT USE ONLY: This key has been reviewed and approved. If funding is required, (1) Contact me or (2) Charge department account and PPD encumbrance _____.

SIGNATURE OF AUTHORIZING FACULTY OR STAFF MEMBER:

SIGNATURE: _____ Phone: _____ Ext: _____

DEAN'S OFFICE USE ONLY:

Checked ID: _____
Informed of Liability: _____

Checked Key Set: _____
Checked out by: _____

Key #: _____	To Room #: _____	Date Issued: _____	Initial: _____	Date Returned: _____	Initial: _____
Key #: _____	To Room #: _____	Date Issued: _____	Initial: _____	Date Returned: _____	Initial: _____
Key #: _____	To Room #: _____	Date Issued: _____	Initial: _____	Date Returned: _____	Initial: _____
Key #: _____	To Room #: _____	Date Issued: _____	Initial: _____	Date Returned: _____	Initial: _____
Key #: _____	To Room #: _____	Date Issued: _____	Initial: _____	Date Returned: _____	Initial: _____