



KEY RECIPIENT			
FIRST NAME	LAST NAME	DEPARTMENT NUMBER	NET ID OR EMPLOYEE ID
TITLE	EMAIL		PHONE NUMBER

KEYS				
BLDG #	BUILDING NAME	AREAS/ROOMS/ENTRANCES	HOOK #	KEY TYPE

DETAILED JUSTIFICATION (REQUIRED IF REQUESTING MASTER OR SUBMASTER KEYS)	
---------------------------------------------------------------------------------------	--

DEPARTMENT AUTHORIZATION		
Departments should only issue keys that are required for an individual to perform their job duties. Keys should never be issued for the sake of convenience.		
DEPARTMENT HEAD (IF REQUIRED)	NAME	SIGNATURE
DEPARTMENT SIGNER	NAME	SIGNATURE
BUILDING MANAGER (IF REQUIRED)	NAME	SIGNATURE

KEY RECIPIENT AGREEMENT	
<p>University of Arizona building keys are, and remain, the property of the University of Arizona.</p> <p>It is the personal responsibility of each individual to whom University of Arizona keys are issued, to safeguard those keys at all times and return all issued keys back to the University of Arizona Facilities Management Key Desk.</p> <p>By signing below, the key recipient agrees to:</p> <ol style="list-style-type: none"> 1. Diligently safeguard the key(s) I am being issued. 2. Return the above listed key(s) to the UA FM Key Desk prior to: <ul style="list-style-type: none"> • Relocating to a different University Department or building • Graduation • Leaving the employ of the University of Arizona due to voluntary or involuntary termination of employment, or retirement 	
X _____	_____
KEY RECIPIENT SIGNATURE	DATE

RECEIVED BY	NAME	SIGNATURE	DATE
-------------	------	-----------	------