



## Key Request & Authorization Form

Name of Person to Receive Keys: \_\_\_\_\_  
Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ NetID: \_\_\_\_\_  
Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Office/Workstation #: \_\_\_\_\_  
COA: \_\_\_\_\_ COA is required for key replacements.

### List of Keys Requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ have received the assigned keys listed on this form and accept full responsibility for returning the assigned keys, upon leaving UCR.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**Key Return Information**-----

Keys Received

\_\_\_\_\_  
\_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_