

Department Key Issuance Form

Dept. Authorization	**This Section to be Completed by Authorizing Department**																
	<p>By signing this form I hereby authorize _____ (key recipient) to receive keys to each room specified below for the Bourns College of Engineering A/B Wing, Pierce Hall (BCOE areas), Material Sciences & Engineering Bldg (MSE), and/or Winston Chung Hall (WCH).</p> <p style="margin-top: 20px;">Date: _____ Dept. Name: _____</p> <p style="margin-top: 20px;"> _____ Signature of Chair (Key User's Home Dept.) Signature of FAO (Key User's Home Dept.) Signature of Chair (Home Dept. for Space - if different than Key User's Home Dept.) </p>																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="6" style="width:5%; text-align: center; vertical-align: middle;">Affiliation Information</td> <td style="width:15%; text-align: center;">Staff</td> <td style="width:15%; text-align: center;">Research Asst</td> <td rowspan="6" style="width:45%; padding: 5px;"> Expected Key Return Date (mandatory field): Check HERE <input type="checkbox"/> if permanent faculty or staff (no return date required) Notes: </td> </tr> <tr> <td style="text-align: center;">Faculty</td> <td style="text-align: center;">Teaching Asst</td> </tr> <tr> <td style="text-align: center;">Visiting Faculty</td> <td style="text-align: center;">Student Asst</td> </tr> <tr> <td style="text-align: center;">Researcher</td> <td style="text-align: center;">Graduate Student</td> </tr> <tr> <td style="text-align: center;">Lecturer</td> <td style="text-align: center;">Other</td> </tr> <tr> <td colspan="2"></td> </tr> </table>				Affiliation Information	Staff	Research Asst	Expected Key Return Date (mandatory field): Check HERE <input type="checkbox"/> if permanent faculty or staff (no return date required) Notes:	Faculty	Teaching Asst	Visiting Faculty	Student Asst	Researcher	Graduate Student	Lecturer	Other	
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	Faculty	Teaching Asst															
	Visiting Faculty	Student Asst															
	Researcher	Graduate Student															
	Lecturer	Other															
Requested Rooms	Building	Room number	Key # (entered by Dean's Office)	Date Returned													

Signatures	**This Section to be Completed Upon Key Issuance**		
	<p>Key Recipient:</p> <p>By signing this form I accept responsibility for the key(s) I have been issued and will return them to my Department upon graduation, separation, termination or if directed by my Department or by the BCOE Dean's Office. I acknowledge the "Expected Key Return Date" above and understand I must alert my Department Office if I expect the need to extend this date. Failure to return keys could result in a delay of final separation, graduation, or course registration document processing.</p>		
	Print Name	Sign Name	Date
	Name and signature of BCOE Staff issuing keys:		
	Print Name	Sign Name	Date
Signatures	Name and signature of BCOE Staff receiving keys upon return:		
	Print Name	Sign Name	Date
	Print Name	Sign Name	Date

Department Use Only	
Key issuance entered into database on _____ by _____.	