

Sul Ross State University  
Key Request Form

Date: \_\_\_\_\_ Dept: \_\_\_\_\_ Acct # to be billed: \_\_\_\_\_

Key(s) to be Issued to: Name: \_\_\_\_\_ ID/Social Security # \_\_\_\_\_

Faculty/Staff \_\_\_\_\_ Student \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ Replace lost key \_\_\_\_\_

Key Requested: \_\_\_\_\_ Key is for: \_\_\_\_\_ How many? \_\_\_\_\_  
This is the # on the key ex: AAA1 Building and Room #

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Key Requested: \_\_\_\_\_ Key is for: \_\_\_\_\_ How many? \_\_\_\_\_  
This is the # on the key ex: AAA1 Building and Room #

Department Head/Chair Signature: \_\_\_\_\_

Master/Sub-Master Key  
Justification for key requested:

Executive Committee Member Signature: \_\_\_\_\_

**Acknowledgment of Responsibility**

I \_\_\_\_\_, acknowledge that I am accepting full responsibility for all keys that I sign out from the UDPS. My responsibilities include but are not limited to:

1. Using the key(s) to access State property for the purpose of business only.
2. Safe guarding the key(s) from loss, theft and damage.
3. Reporting to the UDPS immediately any lost, stolen or damaged key(s).
4. Reporting to the UDPS immediately any defect in the key(s) or locking mechanism.
5. Understanding that the key(s) are issued to me personally and are not transferable to another faculty/staff/student or any other persons.
6. Understanding that I am not under any circumstances to make duplicate key(s).
7. Accepting full financial responsibility for repair or replacement of lost, stolen or damaged key(s) and I **authorize payroll deduction for fees as listed in the Administrative Policy Manual.**
8. Upon separation from SRSU, I will personally return the key(s) to UDPS.

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

Printed Name \_\_\_\_\_ ID/SSAN \_\_\_\_\_

**PLEASE ALLOW THREE BUSINESS DAYS FOR REQUEST TO BE FILLED.**  
**U.D.P.S USE ONLY**

How many keys were cut? \_\_\_\_\_ Charges to Department \$ \_\_\_\_\_  
Date order rcvd: \_\_\_\_\_ Date order filled: \_\_\_\_\_ Date contacted to p.u. key: \_\_\_\_\_