

SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System

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 #

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

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

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

Department Head/Chair Signature: _____

(See APM 2.09 for Departmental Responsibilities)

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. **Safeguarding** 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: _____