

UNIVERSITY OF CALIFORNIA, IRVINE
 THE HENRY SAMUELI SCHOOL OF ENGINEERING
 MECHANICAL AND AEROSPACE ENGINEERING DEPARTMENT

KEY ISSUANCE FORM

THIS FORM MUST BE SIGNED BY ALL EMPLOYEES AND STUDENTS ISSUED UNIVERSITY KEYS

Please check one of the boxes below that applies to your status.

Faculty	<input type="checkbox"/>
Staff	<input type="checkbox"/>
TA	<input type="checkbox"/>
Lecturer	<input type="checkbox"/>
Grad Student	<input type="checkbox"/>
Undergrad	<input type="checkbox"/>
Post Doc	<input type="checkbox"/>

Last Name: _____

First Name: _____

Address: _____

Email: _____ Cell Ph: _____

The above named person is authorized to have keys to the rooms listed below.

Name of Advisor: _____ Key to be returned: _____

Faculty Signature: _____

Dept. Chair OR Dept. Manager: _____

Bldg.	Room	Index No.	Serial No.	Key No.	Date Issued	Deposited Amount	Date Returned	Refunded Amount

AGREEMENT:

It is understood and agreed that:

- 1) I am responsible for the university key(s) issued to me and I will report any loss/theft immediately. My final university payroll check/grade may be withheld until the key is returned or suitable arrangements have been made to preserve the integrity of the university lock-and-key system. I agree to reimburse the university for reasonable costs necessary to replace or change the locks (not to exceed \$20.00 per key, **CASH only**) in the event the loss of the key jeopardizes the security of the university spaces.
- 2) The key(s) issued to me may not be reproduced except by the University of California, Irvine.
- 3) The key(s) is to be returned immediately to the Mechanical and Aerospace Engineering Dept. Office, Room 4200 Engineering Gateway on termination of my employment or my withdrawal from school.

I understand the above agreement and take responsibility for the above listed key(s).

Signature: _____ Date: _____

Please Note: Key issuance and refunds are to be done prior to 4:00PM Monday – Friday.