

University of South Florida
Key Issue Authorization

Recipient:

Last Name _____ First Name _____ MI _____

ID # _____

Campus Address _____

Phone _____

Check one: Staff Faculty Student Other

Key for:

Department _____

Bldg _____ Room _____

Charge to account: _____

Comments:

Dept. Head _____ Signed _____ Date _____

HSC Facilities _____ Signed _____ Date _____

Physical Plant _____ Signed _____ Date _____

KEY SHOP ONLY

Bldg _____ Room _____

Code _____ Serial # _____

Issued by: _____

By signing this form, I, the requester, understand that I am responsible for the security and proper use of this University key, have read University policy #6-012, and understand that my personnel record will not be cleared when terminating, transferring, or going on leave until this key is returned. I also understand that \$50.00 may be deducted from my pay to help defray the cost of re-keying an area resulting from the loss of my key.

Signed _____ Date _____

(to be signed on receipt of key only)